January 6, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

Partners, Blue Cross and Blue Shield announce collaborative efforts

PARTNERS HealthCare System, Inc., and Blue Cross and Blue Shield of Massachusetts (BCBSMA) announced at a press conference at the MGH yesterday that they have signed a memorandum of understanding that they intend to work together to enhance the delivery, financing and marketing of jointly developed products and services. The agreement is not exclusive, so the two organizations will maintain and continue to develop relationships with others. Partners and BCBSMA also plan to include other health care providers in their ongoing effort to deliver the best quality care and services at the most reasonable cost and in the most appropriate setting.

The two organizations are currently

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Service MGH: Recognizing that employees and staff will best be able to implement the Service MGH Program's principles — patient satisfaction and improved service — if there is support from management, members of the senior management team underscored their commitment to the program by attending a session Dec. 22. From left: Catherine Robbins, senior vice president for Administration and chief financial officer; Michael Jellinek, MD, senior vice president for Ambulatory Services; Ernest M. Haddad, General Counsel; Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive. In the background, from left, members of the Service MGH Program team Ina Jubert, EdM, and Suzanne O'Connor, RN, MS, CS.

Melrose-Wakefield Hospital, physicians group join Partners

PARTNERS HealthCare System, Inc., Melrose-Wakefield Hospital and Melrose-Wakefield/Metro North Healthcare Alliance, Inc., this week announced discussions that will lead to Melrose-Wakefield joining Partners' growing integrated health care delivery network. The organizations will continue to work closely over the next four months to negotiate and finalize a formal affiliation agreement. Melrose-Wakefield/Metro North Healthcare Alliance is a joint organization of Melrose-Wakefield Hospital and 130 physicians who are affiliated with the 239-bed facility.

(Continued on Page 4)

North Shore pediatricians sign with Partners

PARTNERS HealthCare System, Inc., announced this week that Cape Ann Pediatricians of Gloucester will join the network's growing integrated health care delivery system.

Partners has a growing presence in the region North of Boston. In addition to Cape Ann Pediatricians, the Cape Ann Medical Center joined the network in July. Recently, North Shore Health System signed a memorandum of understanding with Partners, and Melrose-Wakefield and Partners announced discussions *(see story this issue).*

"We are delighted to welcome Cape Ann Pediatricians into the Partners

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— Partners, Blue Cross and Blue Shield announce collaborative effo

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working on three specific initiatives: a new managed care product for seniors; a plan to jointly staff four BCBSMA health centers; and the collaborative development of an integrated information system.

The new product for seniors will be available in the summer of 1995 and will offer patients better continuity of care and ensure access to the expertise of physicians at the MGH and BWH.

To better provide complementary medical care and services where they are needed, Partners and BCBSMA will augment staffing of BCBSMA health facilities in Braintree, Peabody, Methuen and Framingham.

Finally, the two organizations will undertake the development of an integrated information system based on state-of-the-art technology that will link critical patient information such as medical histories, prescriptions and laboratory results from doctor's offices, hospitals and other network providers. Such a system would make possible more effective and timely care for network patients.

These specific initiatives will be part of a broader effort by Partners and BCBSMA to develop innovative products and services; community health facilities and services; and a more coordinated, streamlined and cost-effective administrative infrastructure including financial and information systems, clinical process improvement tools and services to support the delivery of high-quality care and services. The alliance between these two organizations brings together key segments of the health care system that have traditionally been separate, and at times adversarial.

A MESSAGE FROM William C. Van Faasen, president and chief executive officer of Blue Cross and Blue Shield of Massachusetts (BCBSMA)

To the Employees and Staffs of the Massachusetts General Hospital and Brigham and Women's Hospital:

Yesterday, Blue Cross and Blue Shield of Massachusetts and Partners HealthCare System, Inc., announced an innovative collaboration that, by combining our strengths, will create a more coordinated, higher quality array of health care services and products for New Englanders.

I believe I speak for everyone at BCBSMA when I tell you that we are thrilled to be pursuing these initiatives with Partners. The leadership and vision displayed by Partners in shaping the integration of health care delivery in New England, along with the world-class reputation of Partners' founding institutions, the MGH and BWH, ensure that this endeavor will be a success for all those we serve.

We at BCBSMA look forward to working with you.

Sincerely,

Bill Van Faasen

William Van Faasen

"All our efforts will be focused on developing and providing the best possible care for our patients and support services for our physicians," says Samuel O. Thier, MD, president of The MGH and Partners. "Together, we will have the potential to develop an integrated health care system that redefines the region's standards for improving service and controlling costs — ultimately, for the benefit of the patient."

"The collaboration will benefit patients as well as community providers," says Ellen M. Zane, Partners Networ[illegible] president. "This agreement should signal positive changes and opportunities for physicians and for the patients they serve. We will continue to involve our physicians and look forward to including them in our planning discussions as we work to develop and evaluate products and services, especially in the area of best-in-class performance measurements."

William C. Van Faasen, president and chief executive officer of BCBSMA, hailed the agreement as "a significant step toward the next generation of health care delivery in this region and a real commitment to raising the quality standards of today's managed care environment. We at Blue Cross and Blue Shield are extremely excited to collaborate wit[illegible] world-class operation like Partners, which is a leader in tertiary services and a premier provider of patient care."

"Partners and Blue Cross and Blue Shield," says H. Richard Nesson, MD, CEO of Partners and president of BWH, "are proud to be leading the region's most ambitious effort to unite the health services financier and health care provider in a singular mission to benefit those we serve. The potential of this relationship is enormous, beginning with the considerable resources, knowledge and experience that our organizations can collectively offer the health care consumer. Partners applauds Blue Cross and Blue Shield for its leadership and vision in helping to shape the further integration of health services in this region."

According to Nesson, BCBSMA enjoys enormous name recognition locally and nationally and is known as a leader in providing quality health care coverage for its subscribers. BCBSMA is also known for its innovative approach to creating products that respond to the changing health care environment. Partners and BCBSMA will use the opportunities created by the alliance to ensure that the best, most efficient and most cost-effective practices are implemented throughout the health care network and beyond. ●

— North Shore pediatricians sign with Partners

(Continued from Page 1)

system," says Ellen M. Zane, Partners Network president. "We are creating a high-quality health system that offers patients the full range of services from preventive through highly sophisticated care. Cape Ann Pediatricians represents a great fit and complements the resources of the Cape Ann Medical Center, which joined the Partners network last summer."

Cape Ann Pediatricians' senior physician, Bruce Rosenberg, MD, says: "Being part of the Partners network will directly benefit our patients and their families. While the area's children will continue to receive their care from our physicians and our community hospitals, we are now significantly linked with two of the world's leading medical institutions: Massachusetts General Hospital and Brigham and Women's Hospital."

Established in 1956, Cape Ann Pediatricians serves 7,000 patients, recording approximately 18,000 visits per year. In addition to Dr. Rosenberg, physician members are Thomas V. Carbone, MD, Anita M. Fackler, MD, and Jeffrey M. Stockman, MD. The practice will continue to accept all current health care plans.

"We are very pleased that Cape Ann Pediatricians will join the team," says Thomas Smith, MD, president of Cape Ann Medical Center. "The goal of our evolving health care delivery system is to provide superior care to patients of all ages. Pediatrics certainly represents a vital part of that continuum." ●

WHAT'S HAPPENING

Toastmasters to meet

For those who want to improve their public speaking courage and skill, the MGH Toastmasters are holding open meetings Monday, Jan. 9 and 23, from 5 to 6 pm in the East Cafeteria. For more information call Judy Manola at 6-2545.

Keep that new year's resolution to lose weight

Nutrition Services will offer the newly revised "Winning at the Losing Game," a weight management program, beginning Monday, Jan. 23. The course will meet for 10 consecutive weeks every Monday (except holidays) from 5:15 to 7 pm in the Dietetics Central Office. Space is limited; only the first 15 deposits will be enrolled. Call 6-2779 for further information or pick up a registration form at 2 Emerson Place.

Prevent that aching back

The back injury prevention "Train-the-Trainer Program" teaches managers and supervisors how to decrease low-back injury through control of ergonomic hazards. The importance of this effort is underscored by statistics: 34 percent of reported work injuries in health care are back problems, accounting for 90 percent of annual spending on reported work injuries. The three-hour session, sponsored by Employee Health and Physical Therapy, is offered several times a month. Call Linda Lass-Schuhmacher at 6-5143 or 6-2240 for more information.

Ann Cahill dies at 71

ANN CAHILL, RN, 71, an MGH nurse for 48 years and an MGH Alumni Association volunteer, died Dec. 19. A service will be held in the MGH Chapel Jan. 12 at 8 am with a reception following.

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— Melrose-Wakefield Hospital, physicians group join Partners

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Ellen M. Zane, Partners Network president, says the Melrose-Wakefield/Metro North Healthcare Alliance represents a good fit with Partners' network because of its commitment to patients and its vision for health care delivery.

"Like Partners, Melrose-Wakefield understands that given today's health care environment, it is vital for the various components of our health care system to work together to offer excellent primary and secondary care to people where they live and work, while ensuring access to highly specialized care and services when needed," she says. "It has been exceedingly clear to us throughout our discussions with the Melrose-Wakefield/Metro North Healthcare Alliance that the hospital and its physicians are dedicated to being part of a system in which the full range of high-quality care — from preventive to tertiary — is available to the patients they serve."

The relationship with Partners means a patient who has customarily received care from a Melrose-Wakefield-affiliated physician or at Melrose-Wakefield Hospital, either as an inpatient or outpatient, will continue to do so in a system newly enhanced by the direct relationship with the MGH and BWH.

The addition of the Melrose-Wakefield/Metro North Healthcare Alliance to the network will build upon Partners' other affiliations north of Boston.

"An affiliation with Partners will help optimize the delivery of health care to people in this region," says Allen Criss, MD, a Melrose-based internist and president of the physician-hospital organization. "Our physicians and our hospital will become part of an integrated network, ensuring close communication and coordination among physicians and member hospitals. Our patients will benefit from the high standards of quality and consistency of care across the system — care that will be provided in the appropriate setting."

According to the MGH's Robert Boyd, MD, who has played an active role in Partners networking efforts with Melrose-Wakefield, "The Melrose-Wakefield group is comprised of highly competent, outstanding practitioners who will significantly enhance Partners' primary care network."

The affiliation will enable Melrose-Wakefield/Metro North Healthcare Alliance patients to continue receiving care in their own community with the added assurance that if they need specialized services not available in the community, they can choose to be referred to and treated at "hospitals that are among best in the nation: Massachusetts General Hospital and Brigham and Women's Hospital," according to Richard S. Quinlan, president and chief executive officer of Melrose-Wakefield Hospital.

"For the Melrose-Wakefield/Metro North Healthcare Alliance, the guiding principle for decision-making today is to develop relationships that promote a cost-management approach to health care while strengthening the role of community-based physicians and their hospitals," says Quinlan. "It's important for community hospitals like Melrose-Wakefield to play a major role in the evolving health care system. Moving toward an affiliation with Partners is a natural step, especially in light of the tradition of cooperation that has existed between Melrose-Wakefield physicians and those at the Massachusetts General and Brigham and Women's hospitals."

The addition of the Melrose-Wakefield/Metro North Healthcare Alliance to the network will build upon Partners' other affiliations north of Boston. This summer, Cape Ann Medical Center in Gloucester joined the network, and recently Partners signed an agreement with the North Shore Health System, which includes 250 North Shore physicians and The North Shore Medical Center (comprised of Salem Hospital, North Shore Children's Hospital, Shaughnessy-Kaplan Rehabilitation Hospital and the Visiting Nurse Association of Greater Salem). Discussions are ongoing with more than 30 other physician groups and community hospitals. ●

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MGH**HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH to close 62 inpatient beds, consolidate, move units

THE MGH General Executive Committee (GEC) approved a plan Wednesday to close 62 inpatient beds. The plan also will include moving and/or consolidating the patient populations and staff on several patient care units as well as converting 20 semi-private rooms into private rooms to meet patient demand.

"This bed closure is necessitated by the major changes that continue to affect the health care industry," says Richard R. Crater, CEO of the MGH. "Shortened lengths of stay and reimbursement plans that increasingly emphasize outpatient care have had the combined impact of significantly reducing the hospital's census."

While the exact cost savings realized by these bed closings has not yet been determined, this action will contribute to the MGH's overall goal of reducing the budget. The personnel impact of the plan is currently being assessed by Nursing and other affected hospital departments.

Gail Kuhn Weissman, RN, EdD, chief nurse executive and senior vice president for Patient Care, says: "Within the Department of Nursing we expect that any reductions in staffing will come out of existing vacant positions. For the most part, staff will remain with the patient populations they currently serve. In some circumstances transfer of personnel to other services, units or positions may also be necessary."

According to Peter Slavin, MD, chief medical officer and chairperson of the GEC-established Bed Committee, the process of closing beds and consolidating and moving units will take four to six weeks beginning with the relocation of the Transplant Unit from Ellison 19 to Blake 6 on or about Feb. 1. Slavin says that an analysis of recent inpatient census levels was used to reduce beds assigned to each service equitably.

When the 62 beds are closed, the MGH will have 860 operating beds. These closings do not affect the number of beds for which the MGH is licensed. With the opening of the MGH Mother and Child Center, the hospital's operating beds increased from 899 to 922. Since October, the MGH has had an overall occupancy rate of 74 percent of capacity.

The bed closings, moves and consolidations will result in the closing of Bigelow 6, 7 and 8 as inpatient units. The most appropriate use for those floors is under review. ●

> **"This bed closure is necessitated by the major changes that continue to affect the health care industry. Shortened lengths of stay and reimbursement plans that increasingly emphasize outpatient care have had the combined impact of significantly reducing the hospital's census."**
>
> **— Richard R. Crater, CEO of the MGH.**

Moves and consolidations at a glance

- Transplant moves from Ellison 19 to Blake 6;
- Thoracic Surgery moves from Ellison 13 to Ellison 19;
- Medicine moves from Ellison 6 to Ellison 13;
- Orthopædics moves from Bigelow 6 and White 10 to Ellison 6;
- Twenty Medicine beds move from Bigelow Building to White 10;
- Twenty semi-private rooms convert to private rooms on several services;
- Orthopædics beds on Bigelow 6 and Medicine beds on Bigelow 7 and 8 close, leaving those floors vacant.

MGH is number one in NIH funding

THE MGH has returned to the number one position among independent U.S. hospitals receiving research awards from the National Institutes of Health (NIH). The hospital received more than $98 million in NIH funds in fiscal year 1994; Brigham and Women's Hospital held the number two spot with about $92.5 million.

Overall the two institutions — the founding hospitals of Partners HealthCare System, Inc. — received almost $200 million in direct and indirect costs from the federal agency to support biomedical training and research into the causes, cures and prevention of disease as well as basic science investigations.

The figures reflect continued substantial growth for both hospitals' research programs over the past several years. At the MGH, the 1994 NIH grants, up from about $90 million in the 1993 fiscal year, represented about half of the total research budget of $172 million.

"We are extremely pleased to see our staffs achieve these results," says Ronald Newbower, PhD, MGH senior vice president for Research and Technology. "Both hospitals continue to be highly competitive in obtaining research support in a very difficult funding environment. That the MGH and BWH are number one and two is testimony to the quality of the research proposals and the ability of our investigators to make their cases convincingly. The two institutions continue to conduct high-quality research programs that attract both funding and young staff and trainees from around the country."

William Terry, MD, BWH senior vice president for Research and Ventures, says, "The continued success of BWH and the MGH in securing grants and contracts despite the ever-increasing competition for NIH funds is a tribute to the intelligence, creativity and extraordinary hard work of our investigators and research staffs. The challenge to our institutions, as we engage in necessary cost reduction efforts, will be to show similar intelligence and creativity in providing the support required to keep our investigators at the forefront of biomedical research."

Streamlined system helps fill preoperative antibiotic orders

ACCEPTED medical wisdom dictates that patients who receive antibiotics before certain surgical procedures are at a lower risk of developing wound infections. The antibiotics are most effective if given no more than two hours before surgery begins.

While the practice sounds simple enough, the system for delivering antibiotics at the right time is lengthy. There may be as many as 20 steps between the surgeon writing an order for antibiotics and the patient actually receiving the medication. Now the process has been streamlined, thanks to a quality improvement effort by surgeons, anesthesiologists, nurses, pharmacists, members of the Clinical Practice Evaluation and Management Unit and others.

The quality improvement team stripped the old system of more than 15 steps through three fundamental changes in the process:

- All preoperative antibiotics are now administered in operating rooms by anesthesiologists. Previously they were often administered on the patient care unit before patients were transported to operating rooms.
- Refrigerators stocked with ready supplies of the most frequently used antibiotics have been installed in the main operating rooms and the Surgical Day Care Unit. This eliminates the time and effort required to transport antibiotics from the pharmacy to the operating rooms on a per-case basis.
- The preoperative check has been revised to include the time at which antibiotics are administered and the time of incision. This will provide the data for the quality improvement team to evaluate the new system's effectiveness.

"We've essentially centralized and consolidated the process in the operating rooms," says Ron Gaudette, project manager with appointments to both the Clinical Practice Evaluation and Management Unit and Department of Pharmacy.

The refined system was officially put into play Jan. 11 and will be evaluated after eight months of operation.

"Improved patient care has been the impetus behind this project from the start," says Gaudette. "We hope to see results that indicate our efforts have done just that." ●

BayBank offers mortgage programs to Partners employees

FIRST-TIME home buyers who are employees and staff members of hospitals belonging to Partners HealthCare System, Inc., can now apply for a special mortage benefit offered by BayBank. The program features no points and no closing costs, which can result in significant savings at the time of purchase, and is available at an initial rate of 8.25 percent. Employees wishing to purchase another home or refinance an existing mortgage may qualify for a five-year adjustable rate mortgage with a current rate of 8.5 percent and 1/2 point. (All interest rates are subject to change based on market influences.) Both programs are available through Dec. 31, 1995.

In addition, employees and staff of Partners hospitals who open new BayBank checking and savings accounts using direct deposit will not have to pay normal monthly service charges for the first six months. (This offer applies only to the Classic Value and BayPlus account packages.) These new benefits, negotiated by the Partners Treasury Office, are in addition to the Bank of Boston's Bank-at-Work package, announced last year.

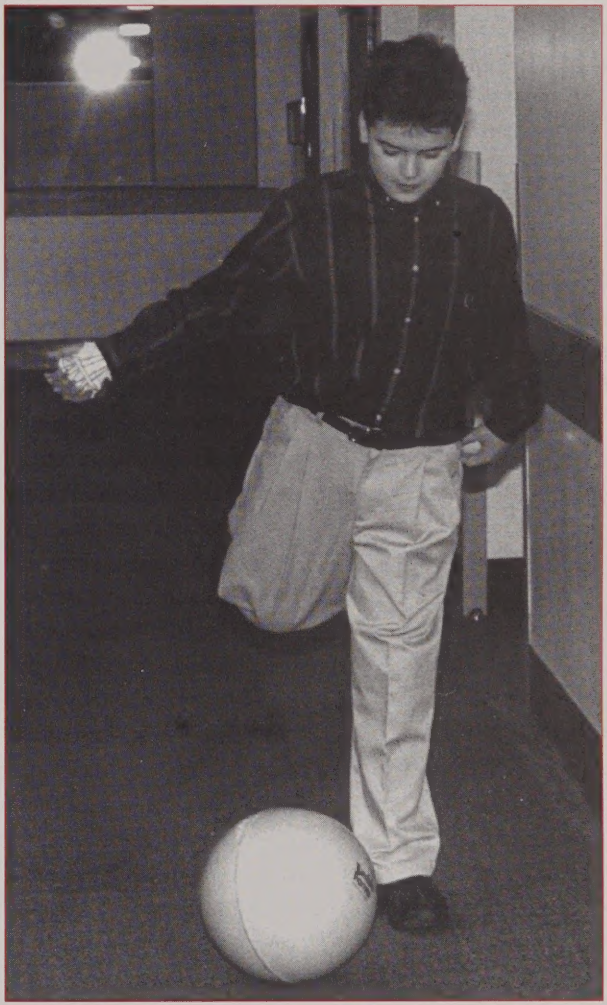
Written material about both programs can be picked up at the Partners Treasury Office, 4th floor, 101 Merrimac St. For more information call BayBank at 1-800 BAY-FAST and ask about the Partners HealthCare programs. ●

Partners briefing sessions

"Building an Integrated Delivery System" is the topic of joint briefing sessions at the MGH and BWH Jan. 17. The MGH session is from 10:30 am to noon in the Shriners Burns Institute Auditorium. Led by Ellen M. Zane, Partners Network president, Partners HealthCare System, Inc., the sessions will also include presentations by Lynne Eickholt, MGH vice president of Managed Care, Planning and Marketing; Bruce Goldstrom, BWH vice president, Planning and Program Development; Dick Keyser, network consultant; Samuel H. Kim, MD, president, Massachusetts General Physicians Corporation; and Gilbert H. Mudge, MD, BWH.

Clinical and administrative department heads have been invited and seating is limited, available on a first-come, first-served basis. ●

Getting a kick out of life



With one of his new prosthetic legs, Vasileios Dosoulas, 11, prepares to kick a ball down a WACC hallway. Vasileios lost his legs and one arm in a boating accident this summer in Greece. After successful reattachment of his right arm at an Athens hospital, he came to the MGH to receive physical and occupational therapy for his new artificial legs. By the time he returned to Athens in December, Vasileios was walking (and kicking) with little effort. His physical therapists — Patricia Sullivan, Kathy Phillips, Prudy Markos, and student Lee Riely along with Jeanne Sanders, his occupational therapist — expect him to make a full recovery.

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MGH**HOTLINE**

Building the next generation of health care

At a Jan. 5 press conference at the MGH announcing a collaborative effort between Partners HealthCare System, Inc. and Blue Cross and Blue Shield of Massachusetts (BCBSMA), Samuel O. Thier, MD, president of The MGH and Partners, fields a question from a reporter, below. The collaboration will focus on three specific initiatives at first: a new managed care product for seniors, available this summer; a plan for MGH and BWH specialists to complement the care at four BCBSMA health centers; and the collaborative development of an integrated information system. The collaboration is not exclusive, so both Partners and BCBSMA will maintain and continue to develop relationships with other parties.

PARTNERS
BRIGHAM AND WOMEN'S
Blue Cross BlueShield of Massachusetts
Build'ng the Next Generation of Health Care

From left: *Ellen M. Zane, Partners Network president; Samuel O. Thier, MD, president of The MGH and Partners; William C. Van Faasen, president and chief executive officer of BCBSMA; H. Richard Nesson, MD, CEO of Partners and president of BWH; and Samuel Nussbaum, MD, president of Physician Partners of New England and senior vice president of BCBSMA.*

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WHAT'S HAPPENING

Women in Science

The Women in Science Committee is sponsoring a panel entitled "What and When to Publish" Wednesday, Jan. 25, 4 to 6 pm, Wellman 1 Conference Room. All fellows, trainees and junior faculty are invited. Even though the series is targeted toward women in science, the sessions should be valuable to all junior faculty.

Chaired by Xandra Breakefield, PhD, of the MGH Molecular Neurogenetics Unit, the panel includes Marilyn Albert, PhD, co-director of Gerontology, MGH departments of Psychiatry and Neurology; Marcia Angell, MD, executive editor, *New England Journal of Medicine;* David Blumenthal, MD, MPP, chief, MGH Health Policy Research and Development Unit; and Linda Emanuel, MD, MGH General Internal Medicine Unit.

Videotapes of the first two sessions of this series, entitled "The Ins and Outs of Academic Medicine," are available from the Research Affairs Office by calling Penny Ford-Carlton at 4-3568.

Music to their ears

The Longwood Symphony Orchestra will perform its second benefit concert for ProTech/Healthcare, Jan. 28 at 8 pm, at Jordan Hall in the New England Conservatory. ProTech/Healthcare is a youth apprenticeship program combining classroom learning with work experience to prepare students for occupations in health care. The MGH has participated in the program since its inception four years ago.

Proceeds from the concert will provide scholarships to promising students from Boston's public high schools. Tickets are $10.50 and $12.50 and are available by calling the box office at 536-2412.

Insomnia study

Insomnia, or chronic sleeplessness, is a common complaint. Those who have difficulty sleeping, take a long time to fall asleep or wake up in the middle of the night, may be eligible for a study examining the effectiveness of a new treatment medication. Participants will receive a free evaluation and, if eligible, free treatment. Those interested in participating can call Kate at 6-8726.

January 20, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Customer Service Grant Program: Putting ideas into action

IMPROVEMENT ideas that benefit patients, families or coworkers sometimes need a jump start to build support for a proposed change or to get funding to propel a thought into reality. To support customer service initiatives at the MGH, the Continuous Improvement Steering Committee has established a fund, accessible through the Customer Service Grant Program.

"We know that people at the MGH want to do a good job—to excel. I see that every time I look around this hospital," says Jeff Davis, senior vice president of Human Resources and Continuous Improvement. "Part of the role of administration is to create an environment that provides necessary resources and supports good ideas, making it possible for employees to do their very best."

The Customer Service Grant Program was established to accomplish two goals: to make available up to $2,500 per project to cover one-time expenses related to customer service improvements; and to encourage employees to continue thinking about customer service and include such elements in future capital budget requests.

How to apply for funds

Usually employees are asked to submit a funding request proposal addressing several areas. An alternative application, the "Idea Sheet," is available for employees who are not comfortable developing a complete proposal. More information about the Customer Service Grant Program and applications are available by calling Nursing Support Services at 6-3195.

"We encourage all employees to come forward with their ideas and requests," says Jeanette Ives, MS, RN, chief of Orthopædic and Neuroscience

(Continued on Page 4)

Bed closing update

"It appears that all reductions in staffing positions that resulted from the bed closings reported last week will be accomplished through attrition," says Jeff Davis, senior vice president of Human Resources and Continuous Improvement. No layoffs were necessary, he reports.

Not just a field trip

Israeli youngsters Rama Bor, left, and Doron Friedberg stayed on White 13, where they underwent medical evaluations unavailable in their homeland.

WALKING along the cobblestone paths of nearby Faneuil Hall, 10-year-old Israeli youngsters Rama Bor and Doron Friedberg might have been on an international field trip to Boston. But the girls actually had traveled from Israel to the MGH's General Clinical Research Center on White 13 for medical evaluations unavailable in their homeland. In tow were the girls' parents and two Israeli radiologists, who had made the trip to learn how to use new technology developed at the MGH to better evaluate Israeli children with a rare, inherited disorder, Gaucher disease.

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— Israeli children travel to the MGH

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About the same number of people carry the genetic defect associated with Gaucher disease as have hemophilia, 1 in 40,000 in the United States. The affected gene instructs the body to make an enzyme called GCR. Without sufficient amounts of the enzyme, a fatty substance normally broken down during the recycling of cells accumulates at dangerously high levels. Characterized by reduction in bone mass leading to a potentially painful loss of function and problems with the spleen and liver, Gaucher disease is found in every ethnic group, but is most frequent in Ashkenazi Jews.

The MGH is a center for the study of Gaucher disease and its only currently available treatment, enzyme replacement therapy with alglucerase (Ceredase). Until recently, it has been difficult to accurately evaluate disease progress to prescribe the most effective dose of Ceredase for children. Now new methods, developed by Daniel Rosenthal, MD, and his team in the MGH Radiology Department, enable clinicians to measure bone density, fat cells in the marrow and the amount of dead bone by using traditional and new imaging techniques. The improved imaging allows assessment of disease status and progress with greater accuracy than previously possible.

Henry Mankin, MD, chief of Orthopædics, Rosenthal, Ramnick Xavier, MD, and the staff on White 13 will study the management of Gaucher disease in collaboration with their Israeli counterparts, including the visiting radiologists and Professor Rina Zeizov of the Beilinson Medical Center Pediatric Hospital in Tel Aviv, Israel. One of the first steps in that collaboration is sharing the technology and training that may allow children in Israel to receive hormone replacement therapy and to be evaluated on imaging machines in Israel that have been modified to incorporate the MGH-developed techniques.

At the close of their visit, the children had enough memories of their Boston experiences to prepare a presentation to their classmates, and, more important, the radiologists had enough information to pursue the possibility of incorporating the newest technologies into the treatment and evaluation of children with Gaucher disease in Israel. ●

Sherrin Langeler, CNM, director of Midwifery at the MGH

Midwives provide complete, personalized care

WHEN envisioning the return of an obstetrics service to the MGH, Isaac Schiff, MD, chief of the MGH's Vincent Memorial Obstetrics and Gynecology Service, always pictured a program in which some deliveries were performed by nurse midwives. "We wanted to create a user-friendly program in which women could have their babies with as little intervention as possible," Schiff says. "I knew from the start nurse midwives would be an essential component of any such program."

Despite growing popularity, midwifery still suffers from many misconceptions. One of the most enduring is the belief that nurse midwives and obstetricians have a competitive relationship. Not so, at least not at the MGH. There are few restrictions on the care nurse midwives may provide. In fact, in addition to delivering babies, they perform many [illegible] the same functions as obstetricians: providing care from the prenatal period, through labor and delivery, to postpartum follow-up. Their services include patient education and counseling, writing prescriptions, administering local anesthetics, and performing minor surgery that may be necessary to facilitate delivery. To practice, a nurse midwife must be an experienced registered nurse and pass a national certification exam.

"The difference between obstetricians and nurse midwives begins and ends with training," says Fredric D. Frigoletto Jr., MD, chief of Obstetrics. "Physicians are trained to address high-risk deliveries with such interventions as surgery. Nurse midwives concentrate on essentially normal or low-risk deliveries. If complications arise, however, an obstetrician is always immediately available. In many instances, both professionals can collaborate to provide the best care for mother and baby."

Diverse patient populations make the obstetrician/nurse midwife model particularly appropriate to a large academic medical center such as the MGH, which draws all types of patients. High-risk patients often require time-consuming [illegible] and procedures, which quickly fill obstetricians' schedules. Because they care for low-risk patients, nurse midwives are able to spend more time on a one-to-one basis with each patient.

"From a patient's very first prenatal visit, we actively listen to her concept of an ideal birth, and as much as possible, we personalize her care to help bring about that outcome," says Sherrin Langeler, CNM, director of Midwifery. "If she doesn't know exactly what she wants in a birthing experience, we teach her about the options available so she can begin to develop her own expectations.

"Women who are expected to have normal deliveries can be made to feel 'boring' at some large academic medical centers where so often the focus is on high-risk patients," Langeler continues. "At the MGH, nurse midwives are here to prove that patients can have a very normal, intimate, loving birth in the middle of a tertiary care center."

Nurse midwives are currently seeing patients for outpatient prenatal care on the MGH main campus and at the MGH Chelsea Memorial Health Center. They will begin seeing patients at the Bunker Hill Health Center and Revere Health Associates this year. ●

Mother's Corner now open at CNY

A POPULAR employee benefit — at least among working mothers — is now available at CNY with the opening of the Mother's Corner/East, located in the 7th-floor Human Resources area. Like the original Mother's Corner on the main campus, the CNY facility features an electric breast pump, allowing nursing mothers to express breast milk in a convenient, private location that is available 24 hours a day.

The first Mother's Corner, located on Vincent/Burnham 4, opened in 1992 and is currently used by 10 to 12 mothers at any given time. For more information or to arrange an orientation to the main campus Mother's Corner, call either Linda Lass-Schuhmacher at 6-1625 or Nancy Robb at 6-6976. For Mother's Corner/East, call Rebecca Coburn at 6-5400.

Linda Lass-Schuhmacher, right, Employee Health Service, reviews use of the breast pump in the new Mother's Corner/East at CNY with Cassandra Muldez, a new mother who works in customer service for Ambulatory Care Billing.

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Building an integrated health care delivery system
A briefing session Jan. 17 at both the MGH and BWH featured a panel discussion about Partners' integrated health care delivery system. From left, Bruce Goldstrom, BWH vice president, Planning and Program Development; Lynne Eickholt, MGH vice president of Managed Care, Planning and Marketing; Ellen M. Zane, Partners Network president; Richard Keyser, Partners Network consultant; Gilbert H. Mudge, MD, BWH; and Samuel H. Kim, MD, president, Massachusetts General Physicians Corporation.

— *Customer Service Grant Program*

(Continued from Page 1)

Nursing, Obstetric Nursing, and director of Nursing Support Services, who is overseeing the Customer Service Grant Program. "Our best sources of ideas for improving the way we operate are the talented employees doing the hands-on work, those closest to the projects they want to improve." The Customer Service Grant Review Board will confirm receipt of each proposal and will work with applicants to gain an understanding of the request and its impact on patient-focused care, budget, and patient and employee satisfaction.

Though all employees are eligible to apply for funding, preference will be given to employees who have completed the customer service training program. ●

WHAT'S HAPPENING

On the move

The new Radiology Service Center, including the White 2 Scheduling Office and the Transcription Office, will move to 75 Blossom Court Friday Jan. 27. For patient convenience, the White 2 Reception Desk will remain and no phone or fax extensions will change.

Coping with cancer diagnosis

A video, "Looking Back, Looking Ahead: Adolescents Living with Cancer" is now available. It provides information to adolescents newly diagnosed with cancer, their families and their school faculty. Kathryn Pazola, RNC, MSN, CPON, and Sandra Pugsley, RN, of Ellison 16 produced the video, which was funded by the Friends of the MGH Cancer Center.

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Wendy Matarazzo
Jeff Wdow
Editors

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Linda Merk, 53, dies

Linda Merk, PhD, 53, died Dec. 30 at the MGH. She held staff appointments at the MGH since 1974, first in Neurosurgery and most recently in the MGH's Vincent Obstetrics and Gynecology Service, where she was involved in infertility research and its clinical applications.

Canned fruit: always a good choice
As part of an ongoing effort to encourage healthy eating patterns, the Dietetic Department recently held a "Pick of the Pyramid Game," designed to promote canned fruit as an affordable and readily available winter food. From left, Barbara Simmons, cafeteria cashier and the second-chance sweepstakes winner, who won a new mountain bike; Carolyn Lewis, manager of Cafeteria and Catering; and Sulene Roberts, assistant manager of Cafeteria and Catering. Nearly 300 people were instant scratch-card winners during the promotion, which ran Dec. 20 and 21.

January 27, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

Tales from the road: Briefing session focuses on Partners' network

THEY HAVE presented in tiny physician offices and in hospital auditoriums. They have drawn audiences from just a few to several hundred. They have heard praise, and they have met skepticism from anxious providers seeking to decipher a system in flux.

Six members of the Partners Network Development Task Force — the road team — Jan. 17 brought their presentation to Massachusetts General and Brigham and Women's hospitals. With polish and poise they delivered their well-rehearsed vision of the integrated health care delivery network, Partners Community HealthCare, Inc. — dubbed "peachy."

Flipping an overhead onto the projector, Ellen M. Zane, Partners Network president, showed a diagram representing the organization of the Partners system. Like spokes of a wheel, primary, secondary and tertiary care; rehabilitation care; and other health care services radiate from the hub, which is the "system" itself. "All different kinds of services exist in the full continuum of care," Zane said. "The question we must ask is what is best for the system as opposed to what is best for any particular 'spoke' around the hub."

Zane said that for Partners, capitation (a fixed fee for providing a range of services) will be a reality. "Under capitation, we assume the medical and financial risk; we control the continuum of care," she said. "We don't believe doctors should have to call an 800 number to get permission to provide a service."

The Partners network, with its primary care focus, looks to build relationships with 700 to 750 primary care physicians to achieve a target of 1.5 million to 2 million covered lives. Bruce Goldstrom, BWH vice president for Planning and Program Development, said that the Partners system currently includes more than 300 primary care clinicians. The goal is to affiliate with 200 additional primary care clinicians inside Route 128 and another 500 outside Route 128.

"We are in discussions in all the major regions in and around Boston," he said. "And we believe we will meet our goals."

Interest in the Partners network throughout the community is high, said Samuel H. Kim, MD, president of the Massachusetts General Physicians Corporation. "Community physicians understand that changes in health care delivery are upon us and that belonging to an integrated health delivery system

(Continued on Page 2)

Eighth-grader Ainsley Heraldo (right) and Albert Leung, MD, PhD, a research fellow in the Endocrine Unit, plan their science project. They are one of 54 student-mentor pairs participating in the MGH-Timilty Science Connection program. In 1989, the MGH and the Timilty Middle School in Roxbury formed a partnership to enhance the quality of the school's science education curriculum. This year the MGH-Timilty Science Connection was awarded a $375,000 grant from the Howard Hughes Medical Institute. The grant will allot $75,000 per year for five years to support various elements of the program, including curriculum development, program assessment and student and teacher programs, such as summer teacher fellowships at the MGH. (See story on page 3 for more about the program.)

— Tales from the road

(Continued from Page 1)

will offer their patients access to high-quality care at the MGH and BWH, when appropriate," said Kim, who along with Gilbert H. Mudge, MD, of BWH, and Richard Keyser, Network consultant, described reaction from community providers. Skepticism, however, is also high, stemming from perceptions that the Boston hospitals take patients from the community.

"Community physicians have expressed concern that the teaching hospitals have in the past demonstrated an arrogance and insensitivity to the referring physician by keeping patients unnecessarily in the high-cost teaching centers," Kim said. "They wonder if that huge 'sucking sound' coming from Boston will grow even louder. A major part of our mission is to convince community physicians that BWH, the MGH and their physicians have recognized the past and are changing to become part of the new health care delivery system."

Partners' system will be decentralized, with most decisions made in the community. There are areas, however, in which centralization can enhance care. Payor strategy, for example, will be centralized, according to Lynne Eickholt, MGH vice president for Managed Care, Planning and Marketing. Citing Partners' recent agreement with Blue Cross and Blue Shield of Massachusetts to jointly develop products, Eickholt said that such relationships can help drive network development. "We want to form alliances with certain payors, but we will continue to do business with all payors," she said.

Another area to be centralized is information systems. "We've looked at information systems across the country, and frankly, we are underwhelmed," Zane said, adding that Partners has an exceptional opportunity to be a leader in developing a quality shared information system.

Being a leader is the goal of Partners' nascent network as it continues to take shape and evolve in a rapidly changing health care environment, Zane said. "It has been said that every 50 to 60 years the health care delivery system in our nation has the opportunity to fundamentally change. Now is such a time," she said. "We had two options — we could keep doing what we had always done, or we could recognize the need for such fundamental change and then get in there and drive that change." ●

Charles River Medical Associates joins Partners' network

CHARLES RIVER Medical Associates, a group of 22 previously independent primary care physicians in Boston's western suburbs, has joined the growing integrated delivery network of Partners HealthCare System, Inc.

"Charles River Medical Associates exemplifies the model we are attempting to duplicate across eastern Massachusetts."

— Ellen M. Zane, Partners Network president

Newly formed, Charles River Medical Associates is the primary care offshoot of Massachusetts Associated Physicians, Inc. (MAPI), a group of more than 170 physicians in the MetroWest area. In addition to and as part of its establishment, Charles River signed an agreement to affiliate with the Partners network.

"In a fundamentally changing health care environment, we see this as an opportunity to expand our community-based responsibilities and to bring a variety of resources from one of America's preeminent medical systems here to the western suburbs," says Alan Cole, MD, a Natick-based internist and endocrinologist who is a founding member of Charles River and the group's current president.

"I am glad that earlier discussions between the MGH and MAPI, involving the formation of a primary group practice and the assessment of its participation in a broader network have come to fruition with Charles River Medical Associates joining the Partners network," says Lynne Eickholt, MGH vice president for Managed Care, Planning and Marketing.

With physicians practicing in Framingham, Natick, Ashland, Medfield, Medway, Millis, Holliston, Hopkinton, Marlboro and Westboro, Charles River will serve as an anchor for the Partners network in the MetroWest re

"Charles River Medical Associates exemplifies the model we are attempting to duplicate across eastern Massachusetts," says Ellen M. Zane, Partners Network president. "It's a strong group of community physicians who will function as the central managers in our integrated delivery system."

H. Richard Nesson, MD, Partners chief executive officer, says that the addition of Charles River is vital to Partners' [illegible]ion of building an integrated health care system.

"Partners seeks to enable patients to receive the best care in the most appropriate environment, be it a community-based clinic or physician's office, a local hospital or a downtown academic center," he says. "Movement of patients from one setting to another should be tightly coordinated among providers and insurers offering continuity of service."

In the past year, more than 350 physicians have been added to the network through affiliations with several physician groups and hospitals. ●

McLean to cut operating budget

McLEAN HOSPITAL will cut operating expenses by 10 percent over the next 18 months as part of a planned organizational reengineering and in response to reduced revenues for fiscal year 1994, according to Steven Mirin, MD, McLean's chief executive officer and psychiatrist-in-chief. Staff reorganization and reductions will be required, Mirin said.

Like hospitals across the country, McLean is experiencing a decline in patient care revenues because of the growth in managed care, reduced length of stay and insurance discounting, Mirin noted at a recent McLean hospitalwide meeting.

The new cuts are part of an ongoing effort to reduce costs and enhance clinical care revenues. The hospital's goal is to emerge from this process better able to compete in the health care marketplace, while continuing its mission to provide excellent patient care, teaching and research, Mirin said.

Making the connection: young researchers excel at the MGH

TONY HENDRICKS, 13 years old, joined the MGH research community in October 1994 to study memory loss. His interest in the subject is personal: his grandfather suffered from Alzheimer's disease.

Tony is one of 54 students enrolled in this year's MGH-Timilty Science Connection, an innovative educational approach that began in 1989. The program matches interested sixth, seventh and eighth graders from the Timilty Middle School in Roxbury with adult mentors at the MGH. From October through January the student-mentor pairs develop specific science projects together. Many go on to compete in the Timilty science fair and at the citywide science fairs, where the school boasts an impressive track record.

Tony is currently putting the finishing touches on a memory loss study developed with Karlotta Fitch, histology technician, MGH Alzheimer's Research Center. After conducting several memory tests with friends and neighbors, he charted the results and broke out the findings by age and gender.

Tony's grandfather, Harsper "Buster" Harris, the inspiration for the project, died last September. When Tony was 7, his family moved into his grandparents' Dorchester home. But before the move, his mother prepared him with a copy of *The 36-Hour Day,* a children's book about caring for Alzheimer's patients at home. During the next six years, Tony learned volumes about the disease firsthand as he helped the family care for Buster.

"I used to feed him and keep him company," Tony remembers, "and I'd read to him a lot. But sometimes my grandfather would get mad for no reason. He was frustrated I guess. And once he headed out for a walk and couldn't remember how to get home."

Tony is optimistic that one day a cure for Alzheimer's disease will be found. "Karlotta told me about some studies that were done [at the MGH] that found tangled messes in the brain — beta amyloids," Tony says. "Maybe they're just thoughts not getting through." ●

Tony and the rest of the sixth, seventh and eighth graders in the Science Connection will show off their work at the MGH Feb. 10 from 9:30 to 11:30 am in the Walcott Rooms and the Wellman 1 Conference Room. For more information about the event or the mentoring program, please contact Andrea Gwosdow, PhD, at 4-3787.

January 27, 1995

MGH HOTLINE

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The MGH General Store & Flower Shop

The MGH General Store and Flower Shop will be celebrating its move to bigger and better quarters with a gala opening Feb. 2 from 7 am to 7:30 pm. Bargains, drawings and light refreshments will be featured throughout the day, culminating in a ribbon-cutting ceremony led by Lawrence E. Martin, retired senior vice president and associate general director, and remarks by Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, Inc.

IN THE NEWS

News to look for . . .
Several MGHers are scheduled to appear on "CBS This Morning" when the show broadcasts live from Boston Jan. 30 through Feb. 1. Three residents — **Jay Markowitz, MD,** Surgical Services, **Linda Han, MD,** Children's Service and **Gail Daumit, MD,** Department of Medicine — will discuss their training at the MGH in a segment focusing on Boston's medical community scheduled to air Jan. 30. In a separate interview scheduled for Feb. 1, **Hermes Grillo, MD,** Thoracic Surgery, describes a new lung-trimming procedure to treat emphysema. The segment will also include footage of the surgery and an emphysema patient who has had the procedure. "CBS This Morning" airs locally on WBZ-TV Channel 4 weekdays from 7 am to 9 am.

Jan. 5 - ABC's "Good Morning America" carried a live interview with **David Ahern, PhD,** Behavioral Medicine, who discussed coping techniques during life-changing transitions.

Jan. 11 - *The Boston Globe* quoted **Daniel Kopans, MD,** Radiology, regarding the role early screening has played in the reduction of breast cancer deaths, and again, two days later, regarding a controversial NIH breast cancer-fighting strategy.

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WHAT'S HAPPENING

Super Bowl supper benefit
As the San Francisco 49ers battle the San Diego Chargers this Sunday in the Super Bowl, hundreds of people will watch the game on big screen TVs while enjoying a bountiful buffet, all in an effort to raise funds for pediatric AIDS work at the MGH. WRKO Radio and the Hilton at Dedham Place are hosting the event, which will run from 4 to 10 pm and will feature appearances by members of the Patriots team and cheerleading squad. A $5 donation is requested and will go directly to the MGH. For more information, call 374-WRKO (press option 6) or Wendy Matarazzo, at 4-2753, or just show up on Sunday.

April vacation week camp
To aid employees in caring for school-age children during school vacation week, the MGH Children's Center will sponsor a pilot vacation camp program April 17 to 21. Those interested should call Sheryl Lauber, director of the Children's Center at 6-5437.

IN GENERAL

Deanna Pearlmutter, RN, EdD, chief of Surgical and Psychiatric Nursing Services, was presented with the Myrtle Wreath Award by the Westchester, N.Y., chapter of Hadassah. The award cited "her courageous efforts on behalf of humankind" during a recent trip to Bosnia.

Pearlmutter also recently delivered a presentation entitled "Psychotherapy of Women with Medical Illness" at the conference "Women in Health and Illness: Implications for Therapy" sponsored by the Cambridge Hospital Department of Psychiatry.

Five MGHers have been named Black Achievers by the Greater Boston Branch of the YMCA. **Tamara Callahan, MPP**, a Harvard Medical School student and research assistant in the Reproductive Endocrine Unit; **Ronald Greene, RN,** staff nurse, Emergency Department; **Gwen Mitchell, LPN**, Intensive Care Nursing; **Rodney Simmons**, shipper/receiver and lab aide, Materials Management and Signal Transduction Lab; and **Carolyn Washington**, operations coordinator, Intensive Care Nursing, were honored at the Copley Marriott Jan. 19.

February is Black History Month, and more information on the five black achievers and related events will appear in future *Hotlines*.

February 3, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

Biomedical and Clinical Engineering groups form unified service

THE MGH Department of Biomedical Engineering and the BWH Clinical Engineering Department have merged, forming a unified service that will provide engineering expertise and consultation to both hospitals as well as to other members of Partners HealthCare System, Inc. Jeffrey Cooper, PhD, MGH director of Biomedical Engineering has been named director of the consolidated department.

Both departments include engineers, technicians and clinicians who are a direct link between clinical operations and patient care technology. The combined organization will continue to have responsibility for assuring the safe and proper use of patient care equipment — items such as infusion pumps, anesthesia machines and entire vital signs monitoring networks — and ensuring that the hospitals acquire appropriate state-of-the-art technology to provide efficient, top-quality patient care. Both groups have a tradition of engineering leadership in developing new technologies for direct patient care and for streamlining key aspects of clinical operations.

Ronald Newbower, PhD, MGH senior vice president for Research and Technology, says: "One of the greatest values of this merger is that it positions the joint department to make significant contributions to the strategic use of technology. We aim to help lower our system's costs and improve its ability to deliver high-quality care wherever it may be needed." Newbower, a member of the Partners Cost Reduction Task Force and Research Task Force, will provide a connection between the merged departments and the Partners management structure.

John Lehr, PhD, acting director of the BWH group and associate director of the combined department, explains: "Our departments have collaborated as 'friendly neighbors' for years. Merging our efforts will make it easier to do everything from routine product support to handling challenging situations in which a lot of people may be needed at one location for a brief period of time."

The merger will not result in any immediate change in how services are provided throughout the hospitals. Individuals will continue to be employed by their respective hospitals. It is expected that the consolidation will help limit future costs in areas such as service contracts and equipment purchases.

"One hospital individually might not have enough pieces of a certain type of equipment to make it worthwhile to hire someone to maintain and repair them in-house and would have to contract with an outside service vendor," Cooper says. "But the combined numbers at both hospitals could make it more cost-effective to have the capacity for on-site service."

(Continued on Page 2)

New helipad: *A Boston Med Flight helicopter swoops in for a landing on the new helipad on the Blake Building roof. The helipad has been in full operation since Jan. 1. Its direct access to the hospital could be a life-saving factor for trauma patients, according to Alasdair K.T. Conn, MD, chief of MGH Emergency Services. Patients previously were transferred from the aircraft to an ambulance at the Nashua Street helipad and then shuttled to the Emergency Department.*

— MGH, BWH departments merge

(Continued from Page 1)

Both engineering groups work closely with clinicians and researchers to develop new applications and, not infrequently, new types of equipment to support the cutting-edge medical care delivered at BWH and the MGH. "Sharing ideas and increasing collaboration can only enhance our ability to apply the latest engineering concepts to the challenges of patient care," says Lehr.

Cooper explains: "We're not going to be making radical changes but will be evolving gradually in the way we provide services. In the future, more technological activities will be delivered at locations outside the downtown teaching hospitals. We are positioning ourselves to serve the entire Partners network — including physician groups, health centers and community hospitals — in whatever ways fit their needs and tap into our particular strengths.

"The biggest challenge I see," he adds, "will be learning the practical aspects of merging these two groups. We've always had strong areas of common interest but often had different ways of approaching a situation. We need to learn from each other, accept that we will change the way we do some things but at the same time respect each others' cultures."

The combined department will hold its first joint staff meeting Monday, Feb. 6. ●

MGH Biomedical Engineering staff members Ellen Kinnealey, RN, and David Wrightson inspect a new equipment storage and tracking system. Developed by an MGH team, the system uses small electronic tags containing computer chips attached to items of portable medical equipment. When the equipment is not in use, the tags are attached to connectors on the storage shelves and communicate with a computer network that records the location of each piece of equipment. The system, which also can indicate when items need repair or cleaning, will soon be tested on several floors in the Ellison Building.

IN GENERAL

Andrew Arnold, MD, chief of the Endocrine Oncology Laboratory, has been selected to receive the 1995 Outstanding Investigator Award for Clinical Research from the American Federation for Clinical Research Foundation. As recipient of the award, which recognizes his contributions to understanding the genetic basis of several types of cancer, Arnold will make a presentation about his work at the foundation's meeting in May.

Lawrence F. Borges, MD, director of the Neurosurgical Spine Service, has been named a member of the Neurology A Study Section for the Division of Research Grants of the National Institutes of Health. Members of the group review grant applications submitted to the NIH, make recommendations on the applications, and survey the status of research in their fields of interest. Members are chosen based on their research activities, publications and other professional achievements.

Asher Kramer has been named chief financial officer for Partners Community HealthCare Inc. (PCHI), the network-development arm of Partners HealthCare System, Inc. He is currently chief financial officer for Quincy Hospital, where he is responsible for a broad range of departments and has played an integral role in the hospital's financial stablization and improvement. Kramer holds an MBA degree from Boston University, is a fellow and president-elect of the Healthcare Financial Management Association and is a certified manager of patient accounting. He will begin his new position Feb. 15.

Anne B. Young, MD, PhD, chief of the Neurology Service, has been named to the National Advisory Council on Aging. Council members advise the National Institute of Aging on the conduct and support of research, training, distribution of health information and other programs involving diseases and other problems affecting the elderly.

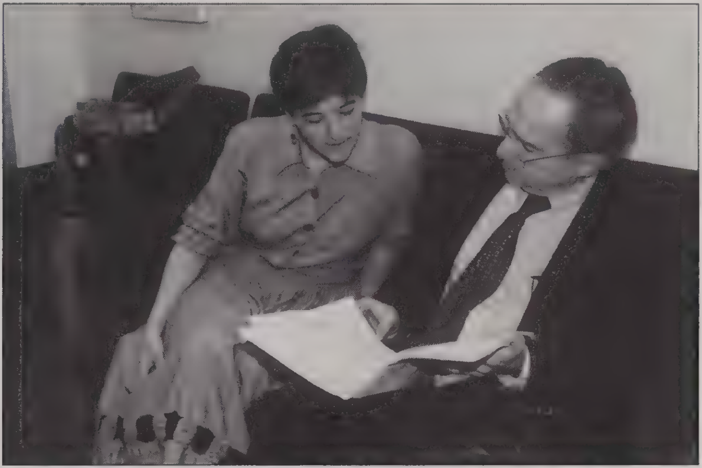
Coping with the issues of adoption

GROWING UP, Julie* never thought of herself as different from other children. She had been adopted as an infant and knew that her adoptive parents loved her. But several years ago, Julie had an emotional crisis that led her to seek out a local therapist who, by chance, specialized in treating adults who had been adopted as children. For Julie, now 22, the experience was a revelation.

"A lot of people who are adopted are conditioned not to think about the effects it might h[illegible]' she says. "I had seen therapists before and not benefited from it. Neither of us connected emotions to my feelings about being adopted. I knew I needed someone with sensitivity in this area. That's how I met Dr. Forsythe."

Linda Forsythe, MD, of MGH's Child Psychiatry Department, is one of a handful of psychiatrists at the MGH who specialize in working with families with adopted children. She also is an advocate for training mental health workers to deal effectively and responsibly with the adoption issue. Forsythe and other adoption-specialized psychiatrists felt that too few mental health care workers have an understanding or training in t[illegible]rea and began looking for ways to increase awareness of adoption issues.

"Often families being evaluated for adoption or foster care think that sensitivity is all that a therapist needs to understand the complexities of such a situation," Forsythe says. "But that's not necessarily the case. Adoptees have special needs. Some come to therapy after being in half a dozen foster homes before being considered for adoption. Therapists deal with not just one layer of potential problems, but multiple layers from many situations over a short period of time. It is important for clinicians not to wear 'adoption glasses' that force them to see all symptoms as adoption-based. It it equally important for clinicians not to wear 'adoption blinders' and miss important adoption-related material."


Linda Forsythe, MD, of Child Psychiatry, and Steven Nickman, MD, director of the Adoption and Custody Unit, consult about a patient being treated for adoption-related issues.

With Steven Nickman, MD, also of Child Psychiatry and director of the Adoption and Custody Unit at the MGH, Forsythe started the Interdisciplinary Adoption Study Group 18 months ago. Aimed specifically at educating mental health professionals who treat members of adoptive and foster families, the group gives more than 100 professionals from several disciplines — including pediatrics, law and child psychiatry — a nonpolitical, educational forum to address adoption-related issues. Each quarterly meeting is organized around a specific topic such as open and closed adoptions; truth, secrecy and disclosure in adoptions; and transracial and cross-cultural adoptions.

The clinicians use the group as a network to discuss adoption-related issues, so even though patients are not treated in the group, they do benefit indirectly from it.

Both Forsythe and Nickman are also involved in a two-year federal research project designed to address the critical need for adoption-sensitive therapy in the mental health community. "It is our belief," says Forsythe, "that clinicians need to listen more to the families. We use information gained from interviews with adoptive families to enhance our training." Now in its final year, the project should answer questions about what the adoptee population needs from its therapists.

Julie is now in close contact with her biological family, including three brothers.

"After receiving treatment from adoption-sensitive therapists, I realized that I have a lot of issues that reflect my adoptive status," she says. "I couldn't go back to a regular therapist; I've come too far for that. If other therapists can be trained to think like Dr. Forsythe, it will help adoptees and their families cope with their situations much better. They will be able to get the help they really need." ●

**Not her real name*

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HIV/AIDS Awareness Week

Feb. 13 to 17 is HIV/AIDS Awareness Week at the MGH, sponsored by the MGH AIDS Educational Task Force. Information, including displays of panels from the International Names Project Quilt, will be available as follows:

Feb. 14 and 15,
WACC Lobby,
8 am to 4 pm

Feb. 16, CNY Lobby,
8 am to 4 pm

On Tuesday, Feb. 14, the task force will sponsor a conference entitled, "AIDS and the Family: The Effect on Society," from 8 am to 4:30 pm in the Shriner's Auditorium. Speakers include Marshall Forstein, MD, of the Fenway Community Health Center, and Anne Emmerich, MD, of the MGH Robert B. Andrews Unit, which provides psychiatric services to those affected by HIV. A panel discussion will include people with HIV/AIDS and their loved ones, and afternoon seminars will address several related topics. The program is open to all employees of Partners-affiliated institutions. CEUs are pending for nurses and social workers. For more information or to pre-register, call 4-3554.

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Make the connection

Women's Connections is a new career development group for women working at the MGH who would like to explore advancing their careers in new directions. Sponsored by Human Resources, the group will meet Monday, Feb 13, from 5:30 to 7 pm in Conference Room D, 3rd floor, Bartlett Extension. For more information or to register, call Jenny Neill at 6-2734.

Flowers for your Valentine

The new MGH General Store and Flower Shop, which opened Wednesday, is already taking orders for Valentine's Day flowers. Orders placed by Feb. 11 will receive a 10 percent discount. For information or to place an order (cash and credit cards accepted) call 6-4500 or fax 4-3795.

The Science Connection

The sixth, seventh and eighth graders in this year's MGH-Timilty Science Connection program will display projects they have developed with their MGH mentors in the Walcott Rooms and Wellman 1 Conference Room Feb. 10 from 9:30 to 11:30 am. Anyone interested in being a judge for the competition should contact Andrea Gwosdow, PhD, at 4-3210 or 4-3787.

Cardiac Rehabilitation Week

When she had to undergo heart surgery, Tracy Brown thought that she had lost the ability to pursue her favorite activity: ballroom dancing. Then she enrolled in a cardiac rehabilitation program. Now, three years later, at age 69, she is dancing again. Each year 100,000 Americans like Tracy are helped to recover from heart attacks or heart surgery through cardiac rehabilitation.

Feb. 13 to 19 is Cardiac Rehabilitation Week. The theme is "Straight from the Heart" to highlight the role of prevention in the treatment of heart disease. The MGH Cardiac Rehab Program is sponsoring an open house for invited guests Feb. 14, 11 am to 3 pm in Ruth Sleeper Hall, Room 060. Contact Caty DiBiase at 6-1843 for further information.

Streamlining paperwork

MORE THAN 12,000 change tickets, forms used to make changes to Human Resources and Payroll information systems, are processed annually. Now the process has been streamlined to be more efficient and cost-effective.

As a result of an interdisciplinary effort, general and special fund change tickets are now a single form, called the Personnel Change Form (Form #0072030), available from Standard Register. The new form can be obtained on disk in Lotus and Excel for both MS-DOS and Macintosh computers by calling Research Finance at 6-2138.

Old change tickets may be used until supplies run out, but use of the new form is recommended.

To expedite routing and to ensure timely processing, employees are asked to use the designated drop-off points below beginning Feb. 6:

Main Campus: Payroll, Clinics 141
CNY: Research Finance, CNY-2
101 Merrimac Street: Personnel Records, Room 535
MGPO: 5 Emerson Place, Suite 113

Workshops on how to use the form are listed below. Call 6-5144 to reserve a spot.

March 2, 2:30 to 4 pm	**Wellman Conference Room**
March 3, 1:30 to 3 pm	**Wellman Conference Room**
March 10, 1:30 to 3 pm	**CNY, 7th floor auditorium**

Questions about the new forms or process can be addressed to John Fini, Research Finance at 6-5435. ●

February 10, 1995

MGH HOTLINE

[illegible]

MGH earns three-year JCAHO accreditation

THE MGH was notified in January that it has been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The accreditation status, effective for three years beginning Oct. 1, 1994, stems from a comprehensive review of hospital programs, policies and procedures conducted by a four-person survey team last fall.

In a written report, the JCAHO confirmed that delivery of care and services to patients hospitalwide continues to meet the commission's high standards, says Maryanne Spicer, director of Corporate Compliance, who coordinated the JCAHO visit. Nursing competency, physical therapy, respiratory care, social work, emergency services, alcohol and drug services, pharmaceutical services, hospital leadership and information management were among areas receiving high marks for compliance with the standards.

The report also reflected some areas in which improvement is needed. The JCAHO will follow up with the hospital in approximately six months to ensure that these specific issues, called Type I recommendations, are being addressed.

"About half of our Type I recommendations involve documentation," Spicer says, "and many of these are easily corrected." She offers the example of verification that a patient has been assessed immediately before receiving anesthesia. "We've always done such an assessment, but we didn't have a mechanism to document that activity on the pre-surgical form," she says. "Now we have such a mechanism."

Other Type I recommendations require commitment from people throughout the hospital to achieve compliance, Spicer says. For example, the JCAHO requires that at least 90 percent of performance appraisals be completed on time; the MGH was well below that level with 60 percent.

Other areas needing improvement include: documenting that certain emergency drug carts are checked on each shift; specifying time limits for use of patient restraints; ensuring that verbal orders are authenticated in a timely

(Continued on Page 2)

MGH Physician Referral Service links doctors, payors and patients

SOMETIMES they're in pain. Sometimes they're angry. And sometimes they're just grateful for whatever help they can get. But all the people who call the MGH Physician Referral Service get the same expert and friendly service.

The Physician Referral Service is dedicated to finding appropriate MGH clinicians for anyone who calls. Most of the time, that also means finding physicians who will accept patients' specific insurance plans. Established in 1989, the service has grown steadily from two call coordinators making a little more than 4,000 appointments annually to five coordinators who last fiscal year booked more than 11,000 appointments.

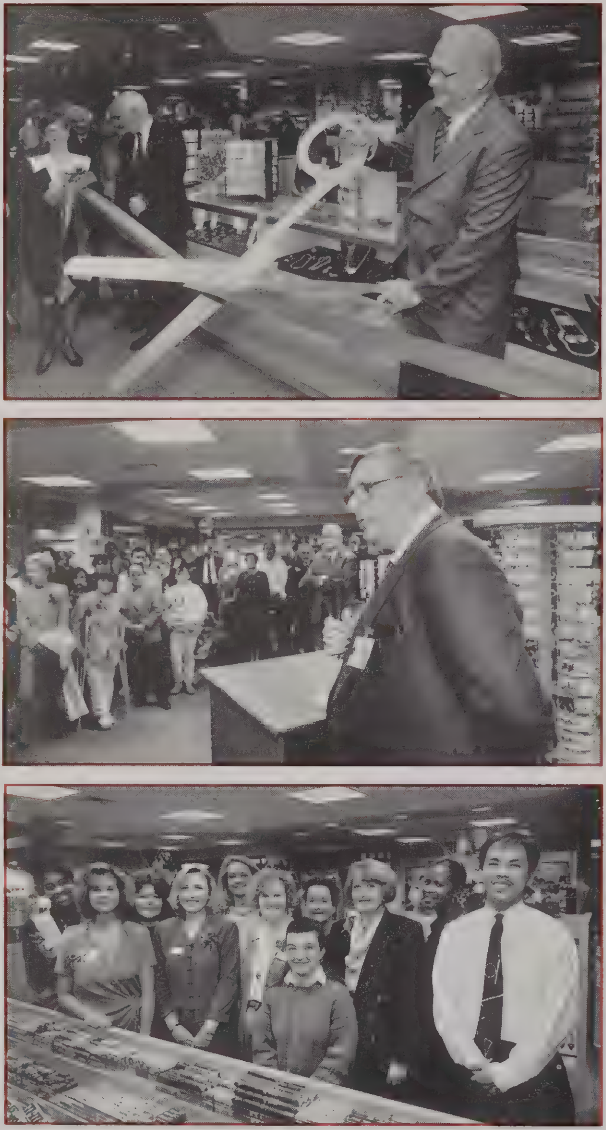
Alexis Masiello, an 8-month-old PICU patient, enjoys the opening celebration of the new MGH General Store and Flower Shop Feb. 2. More pictures inside.

"We try to help anyone who calls, whatever the question," notes Regina Buckley, service director. "We try to get answers without transferring the caller. Our mission is to provide patient access to the hospital."

The service is also working to improve communication resources for both external and internal referrers. It provides a toll-free number for outside referring physicians and a 24-hour cancellation line for patients. Currently, a computerized directory of referring physicians is in the works—a database that will be available to all MGH physicians and will include information ranging from sub-specialties and interests to insurance plans accepted and languages spoken. The plan is to introduce this electronic directory — a collaborative effort of the MGPO, Information Resources, Communications, Development and Public Affairs, and Marketing—

(Continued on Page 3)

The MGH General Store & Flower Shop



Festivities surrounding the opening of the new MGH General Store and Flower Shop included, from top, a ribbon cutting by Lawrence E. Martin, retired senior vice president and associate general director; remarks by MGH CEO Richard R. Crater; and a photo session with store employees, from left, Carol Millen, Joanne McCusker, Michelle Ryan, Linda Williams, Brenda Remes, Irene Wright, Cindy Main, Sally Taylor, Cynthia Robson, Barbara Williams, and Joel Carlas. Lucy Burr, chair of the Ladies Visiting Committee, and Samuel O. Thier, MD, president of The Massachusetts General Hospital, also spoke at the event.

A strong start

A QUALITY IMPROVEMENT effort launched Jan. 11 that consolidated and centralized preoperative antibiotic administration is off to a strong start. Data analysis by the project team (reported in *Hotline* Jan. 13) indicates that 96 percent of the 400 patients evaluated received antibiotics at the optimal time, no more than two hours before the first incision.

"Our success can largely be attributed to the very enthusiastic team in the OR and the Surgical Day Care units," says Ron Gaudette, project manager, who works in both the Clinical Practice Evaluation and Management Unit and the Department of Pharmacy. "Within a short period of time, the OR and Surgical Day Care nurses, the anesthesiologists, the surgeons and the people in the Pharmacy have collaborated to ensure a smooth transition to the new system."

Gaudette's group will continue to monitor the process and evaluate its effect on patient care. "This project will be a model for future projects," says Gaudette. "It proves that we can — and will — shape our own future in health care delivery." ●

—JCAHO accreditation

(Continued from Page 1)

manner; and verifying that a radiation physicist regularly reviews Nuclear Medicine and Diagnostic Radiology policy manuals.

Richard R. Crater, CEO of the MGH, says that the hospital's accreditation reflects the hard work and efforts of people in departments throughout the institution. "Ensuring high quality, safety and compliance with JCAHO standards is the job of every employee and staff member," Crater says. "While the actual JCAHO survey certainly heightens everyone's awareness about the effectiveness of all aspects of hospital operations, maintaining excellence and meeting these high standards are ongoing commitments for the MGH."

A JCAHO survey team reviewed the MGH's Clinical and Anatomic Laboratory in December. The report of that visit is pending.

Although the JCAHO accreditation process is voluntary, most hospitals invite the commission to review their programs and facilities because Medicare, Medicaid, many [illegible] agencies and third-party payers require accreditation as a prerequisite for participation. ●

—Referral Service links doctors, payors and patients

(Continued from Page 1) sometime in the spring. A printed version to be distributed to outside referrers is planned as well. Later this month, the service will also make available a listing of insurance plans and the MGH physicians who accept them, as well as a listing of MGH physicians and their specialties —information many practices currently do not have.

ng an appointment

The phone rings at Jennifer Haselton's desk. She answers in a firm and upbeat voice. A woman wants to see a gastroenterologist at the MGH.

Haselton, who has been a referral service coordinator for two years, asks a few questions and enters the information into a computer. The caller is reluctant to answer many questions, but within seconds, Haselton has located an appropriate physician—one who can both handle the caller's medical problem and will accept her insurance. She dials the doctor's office to schedule an appointment.

Hanging up the phone, Haselton turns to another computer. With very little information, she identifies medical record numbers dating back to the patient's initial visit to the MGH in 1958. These records, though 36 years old, are important to the patient's current problem, she notes, and calls the doctor's office with the information needed to access the records. Later, she will send the patient an informational brochure—including a map—as both a reminder and an aid to getting to the appointment.

The current managed care environment has helped to make the Physician Referral Service an important link between patients, doctors and insurers. But patients sometimes don't understand why referral coordinators need to elicit personal medical information and insurance data to book an appointment.

"Unless patients want to pay out of pocket, we have to match them with a doctor who is part of their insurance plan," says Haselton, "and that can be difficult. Often, patients request a physician by name, and they don't understand when you tell them that their insurance won't cover the service. Managed care makes our job more difficult, but we always try to go that extra mile for the patient." ●

Jennifer Haselton, one of five referral coordinators for the MGH Physician Referral Service, takes a call. Last fiscal year, referral coordinators answered some 58,000 calls and booked more than 11,000 appointments.

MGH, BWH physicians listed among the best

THE February issue of *Boston Magazine* featured both the MGH and BWH, as well as members of their staffs, in their annual survey "Top Doctors, Top Hospitals." In what the editors freely admitted was a "subjective and nonscientific selection," more than 3,700 physicians in the Boston area were asked to select the doctors and hospitals they would go to if they or a loved one needed medical attention.

The MGH was cited as the best choice for accidents and emergencies, head injury, stroke and serious burns; and BWH was favored for childbirth and heart attack. MGH physicians listed as top choices in their fields were Roman DeSanctis, MD, Cardiology, and Gilbert Daniels, MD, Endocrinology. Several physicians from BWH and from the North Shore Medical System also were recommended in the survey. ●

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February 10, 1995

MGH HOTLINE

What's Happening

A Valentine's Day collection

The MGH Committee on Homeless Persons will collect new white cotton socks and winter hats, gloves and mittens that are either new or in excellent condition for distribution to homeless people who come to the MGH for medical care. Brightly colored collection boxes will be in the Gray, White and MGH East lobbies and outside the Walk-in Clinic on White 1 on Valentine's Day. For more information, contact Kathleen Cumming, RN, CNS, through the page operator at 6-2241.

Blood need still crucial

The MGH Blood Donor Center still has a significant need for donations. Employees and staff are encouraged to call 6-8171 to schedule an appointment or stop by Gray 1 during the center's hours, Monday to Thursday, 8:30 am to 7:30 pm, Friday 8:30 am to 4:30 pm. In a recent drawing to promote donations, Barbara O'Connell and Christine Savarese, RN, won weekend hotel packages.

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Jeff Wdow
Editors

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Minority nurse forum

The Minority Nurse Retention and Recruitment Committee presents its fourth Annual Diversity Awareness forum Feb. 17, 9 am to 4 pm, Wellman 1 Conference Room. The forum will feature a panel discussion and a presentation, "Nurses Thriving Within a Restructured Healthcare Delivery System," by M. Linda Burnes Bolton, PhD, RN, FAAN, director, Surgical Nursing, Cedars-Sinai Medical Center and president of the National Black Nurses Association. An application for nursing CEUs has been filed.

Two upcoming events

The Gay/Lesbian/Bisexual Alliance, sponsored by Human Resources, will hold a social gathering Feb. 13, 6 pm at Bobby's on Canal Street. The $5 cost includes a buffet. A general meeting to address issues of employment, benefits and awareness will be held Feb. 17, noon to 1 pm, Bartlett Hall Extension, Conference Room C, third floor. The alliance encourages the involvement of all interested employees. For more information call 6-5687.

Holiday thanks

On behalf of the Children's Service, the Child Life team issued a public thanks to all those who donated gifts, time and energy to make the holidays brighter for many hospitalized children and their family members. The team expressed special appreciation for the efforts of MGH employees and staff, the Police and Security Department, and Paul Boepple, MD, Children's Service, and his Cub Scout Troop for their generosity.

Beth Israel number change

Effective Feb. 12, all phone numbers at Beth Israel Hospital will begin with the numbers 667. Extensions can be reached by dialing 667 and the last four digits of the old number. The main phone number for Beth Israel will be 667-2000.

It's the little things

While patients expect great clinical care when they come to the MGH, survey after survey reveals that they often remember and tell families and friends about the little things—the small kindnesses and conveniences or the problems and glitches. So when Tom Buffum, a volunteer with the White Desk Discharge Service for the past three years, suggested installing an automatic exit door on the left side of the White Building vestibule, allowing patients to depart away from ambulance traffic, his idea was embraced. For a nominal cost the door was automated, and now a simple yet beneficial idea has become a reality. Here Buffum takes advantage of the new automatic door as he wheels out Iggy Almon, a former mailroom volunteer and a recent patient.

February 17, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

State might not take Spaulding under new Central Artery design

The future of Spaulding Rehabilitation Hospital once again appears uncertain as hospital officials recently learned that the Massachusetts Highway Department has redesigned a section of the Central Artery project to avoid taking the 284-bed hospital.

The position is a familiar one for Spaulding and the MGH. Three years ago, a team of experts hired by the MGH determined that construction associated with the Charles River Crossing section of the Central Artery project would cause excess noise, vibrations and poor air quality, jeopardizing Spaulding's ability to deliver quality care. The commonwealth agreed and entered into a contract under which it committed to take Spaulding by eminent domain, enabling Spaulding to apply the proceeds of the taking to the costs of relocating the hospital.

Now, however, the commonwealth is claiming that Spaulding does not need to be taken under a newly proposed Charles River Crossing scheme, and experts for the MGH have reassembled to study the impacts of this new design. A preliminary review indicates that the consequences of the new scheme are likely to be even

(Continued on Page 3)

MGHers bring their skills to the world's trouble spots

In a Rwandan refugee camp, MGH's Thomas Durant, MD, administers a life-saving solution of sugar, salt and water to a cholera-stricken woman. See story on Page 4. (Photo by Yunghi Kim, The Boston Globe.)

PARTNERS PROGRESS

Partners, Dana-Farber in discussions

Both the MGH and BWH have historically collaborated with Dana-Farber Cancer Institute on many successful cancer research and treatment programs. Now Partners and Dana-Farber are exploring new options for working more closely.

For many months, Partners and Dana-Farber have held discussions focused on ways to respond to the managed care environment by developing an integrated health care delivery system in adult oncology. To meet legal requirements necessary to pursue the possibility of a future relationship, Partners and Dana-Farber recently signed a memorandum of understanding. Participants in the discussions understand the importance that Dana-Farber places on retaining its corporate identity and independent status in this evolving relationship.

"I have always had the greatest esteem for my colleagues at Dana-Farber Cancer Institute," says Samuel O. Thier, MD, president of Partners and The Massachusetts General Hospital. "Our discussions with Dana-Farber offer great promise of innovation in the organization and delivery of cancer care and prevention."

Says H. Richard Nesson, MD, Partners chief executive officer: "Taking advantage of the separate strengths of these institutions through increased cooperation would help to ensure that adults with cancer from throughout New England have increased access to integrated, quality care with the best outcomes."

Information about the progress of this and other ongoing efforts involving Partners' integrated delivery system will appear in future issues of *Hotline*. ●

IVF Unit helps start a family

When Maria and Michael Sacco had problems conceiving their first child, they turned to the MGH, where Maria had worked for nine years. After consultation with Keith Isaacson, MD, director, Gynecologic Reproductive Endocrinology Division, the Saccos tried several infertility treatments without success and finally decided to try in vitro fertilization (IVF) at the MGH's Vincent IVF Unit.

"We were very lucky," says Sacco. "I conceived the first time we tried IVF."

In vitro fertilization-embryo transfer is probably the best known and most widely used assisted reproductive technique in the country. In this procedure, mature eggs are removed from a woman's ovary and fertilized by sperm outside of her body. After a fertilized egg divides in the laboratory, it is placed back into the woman's uterus.

Although the MGH's Vincent IVF Unit is relatively new — it was established in 1992 — it is highly regarded by physicians who often refer patients whose cases are especially complex and difficult. The MGH has achieved a 30 percent success rate with IVF, well above the national average of 18 percent.

"Identifying a simple reason for infertility is not always possible," says Thomas Toth, MD, of the Gynecologic Reproductive Endocrinology Division of the MGH's Vincent Memorial Obstetrics and Gynecology Service and director of the IVF Unit. "However, with new techniques we can offer help to many couples."

Infertility can have several causes: problems with eggs, sperm or embryo, difficulty with implantation and carrying to term, or a combination of factors. Improvements in the ability to pinpoint the underlying causes of infertility have been followed by an increase in the number and availability of corrective procedures at the IVF Unit.

The physicians, nurses and others on the unit's staff take a highly individualized approach to each couple's situation. "Everyone involved is very dedicated to the care of our patients," says Isaac Schiff, MD, chief of the MGH's Vincent Memorial Obstetrics and Gynecology Service. "Each patient is treated as an individual, with sensitivity to her specific needs. Treatments are not mass produced on an assembly line."

Ellen Feldman, LICSW, a staff social worker specializing in infertility, notes that infertile couples must cope with issues ranging from concern about costs, to the possibility of multiple births, to failed attempts to conceive. "It is hard for most people to understand how difficult dealing with infertility can be. I try to appreciate where the couple is coming from, their style, and to help them cope with and reduce their stress aro[illegible] infertility."

For the Saccos, the entire process was well worth the effort: Their son, Matthew, turned a year old Monday. Now Maria Sacco proudly displays his photo on her desk in the MGH Human Resources Department. ●

Bed closing schedule

The bed consolidation plan, approved last month by the General Executive Committee, includes moving and/or consolidating patient populations and staff on several patient care units. The schedule below is based on information from departments involved in preparing the units for the moves.

The Transplant Unit moved from Ellison 19 to Blake 6 Feb. 1. Bigelow 10 (Medicine) closed temporarily the same day.

Move	**Date**
Ellison 13 to Ellison 19	Wednesday, Feb. 22
Ellison 6 to Ellison 13	Tuesday, March 7
Bigelow 6 and White 10 to Ellison 6	Friday, March 17
Bigelow 7 to Bigelow 10	Tuesday, March 28
White 9 to White 10	Friday, April 7
Bigelow 8 to White 9	Monday, April 10

What's happening

Black History Month

Throughout the week of Feb. 21, the display case across from the former General Store site will highlight Black History Month. In addition, the MGH is offering a free ticket to the movie "Hoop Dreams" to each of the first 100 MGH employees who call 4-3242. The movie will be shown Feb. 21 at the Coolidge Corner Theater in Brookline. Additional tickets will be available to MGH employees for $4 each at the theater. Three local black artists will also display and sell their works at a Black Art Fair hosted by the Cultural Diversity Committee Feb. 23, 11 am t[illegible] 3 pm in the Walcott Rooms. There will be a free raffle, and

Thomas Toth, MD, director of the MGH's Vincent In Vitro Fertilization Unit holds Matthew Sacco, son of Maria and Michael Sacco. Maria, an MGH employee, underwent a successful IVF procedure, and Matthew was born Feb. 13, 1994. Surrounding Toth are members of the IVF team, from left: Elsie Willant, administrative assistant; Christine McNally, RN, IVF nurse coordinator; fellow Johnny Awwad, MD (standing behind Toth); Patti Micelli, RN, staff nurse; and Zuying Chen, MD, assistant embryologist.

one of the artists will be offering a limited number of free caricatures of attendees.

Mind-Body Medicine Fair

Learn more about alternative or complementary medicine — such as acupuncture, imagery, creative visualization, massage therapy, therapeutic touch and other practices — Thursday, Feb. 23, 11 am to 4 pm in the Wellman Conference Room at the Mind-Body Medicine Fair.

Advanced cardiac life support

The next advanced cardiac life support provider course will be offered Feb. 27. For information and other dates, call Barbara Wagner, Medical Education unit, 6-3905.

— *State might not take Spaulding*

(Continued from Page 1)

worse for Spaulding and its patients than those associated with the 1992 design, according to John Messervy, MGH vice president for Planning and Construction.

The new design, for example, calls for 14 lanes of viaducts, bridges and tunnels to be built within 180 feet of Spaulding, compared with the 1992 plan that had a 10-lane bridge 290 feet away. The most recent scheme also has a ventilation building located 300 feet from Spaulding, compared with the earlier design in which such a structure was 500 feet from the hospital. In addition, construction in the Nashua Street area will increase by at least 25 percent, experts estimate, which means that more materials will be trucked in and out.

The MGH recently sent a letter to Environmental Secretary Trudy Coxe reminding her that because Spaulding was to be taken, the environmental impact studies conducted by the commonwealth never considered impacts on the hospital. It is essential, therefore, that further studies be undertaken to assess the effects of the construction on Spaulding and its patients, hospital officials say.

"The clock has essentially been turned back three years," says Messervy. "We did our own environmental impact studies, and we showed the state it would be impossible to operate a hospital in the middle of a six- to eight-year, $1.5 billion construction project. The state agreed with us. Now we're back where we started — no, we're further back, because this new plan is worse for Spaulding."

The commonwealth has told Spaulding and the MGH it intends to mitigate construction impacts on the hospital. MGH consultants, however, estimate that such mitigation may be as costly as — if not more costly than — an outright taking of Spaulding. And given the size of the project, sufficient mitigation may be impossible.

"We have a 42-page binding contract under which all parties — Spaulding, the MGH, the commonwealth and the city of Boston — agreed that Spaulding would be taken. We are deeply dismayed that the commonwealth is suggesting it will not honor this agreement," says Samuel O. Thier, MD, president of The Massachusetts General Hospital. "Throughout this process, our only goal has been to make sure we can operate a high-quality facility and deliver excellent care. How can Spaulding possibly serve its patients well with this massive, multi-year construction project all around it?"

Officials at the MGH and Spaulding say they intend to take all necessary steps, including litigation, to ensure that the state lives up to its contractual obligations. ●

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MGHers bring their skills to the world's trouble spots

The locations change, but the situations are hauntingly familiar. Famine, war and civil unrest drive people from their homes into refugee camps where disease and starvation take a devastating toll. When relief efforts arrive from the United States to aid those who are suffering, MGHers often are among the health professionals.

Thomas Durant, MD, an assistant director of the MGH, has been traveling to international trouble spots for almost 30 years. He began working with refugees during the 1960s in Vietnam, where he served as public health advisor to the city of Saigon. In 1979 he joined the American Refugee Committee and has traveled on behalf of that organization for the past 15 years.

Last summer, Durant spent three weeks in the Rwandan refugee camps, which he calls the worst he had ever seen in terms of numbers of deaths in the shortest period of time. From 60,000 to 70,000 people died of cholera alone during the time he was there. The health services he and his colleagues provided were both basic and critically important: supplying fresh water and, for those already suffering cholera-induced diarrhea, administering a life-saving solution of sugar, salt and water.

"What I find in common in all these situations is chaos," he says. "There are always problems with coordination of activities, with getting supplies in and distributed. But if it weren't chaotic, we wouldn't have to be there."

One of the high points of last summer's trip came when Durant encountered former Cambodian refugee Dara Miles, whom he had first met 15 years before. Miles had been trained as a surgical technician by Durant and his colleagues and eventually became a nurse. "Now it was Dara's turn to bring hope to others," Durant says.

"The struggle to survive is always a dominant theme in these locations, and second in importance is the thirst for freedom."

Another MGHer who has recently worked for humanitarian efforts is Deanna Pearlmutter, RN, EdD, chief of Surgical and Psychiatric Nursing. Last summer she traveled to Bosnia on a fact-finding mission for the Jewish women's organization Hadassah. She and her colleagues went to observe the health care situation and assess the need for supplies and services.

"The most striking thing for me was the feeling of disorientation. You got on a plane in a modern city and an hour later you were in a war zone with no basic conveniences. Sarajevo was a very mixed bag. There were nice restaurants open in some areas, but there were also streets where people had been bombed out of their homes," she says.

The Hadassah group brought back a long list of supplies needed by local hospitals, and the organization mounted a nationwide drive for funds and equipment. The effort, says Pearlmutter, has been very successful. "We have collected about $2 million worth of supplies — which totals more than 80 thousand pounds. A delivery of clothing has already been shipped, and we hope to have the other materials airlifted into Sarajevo this month."

Despite the help from Hadassah and other relief organizations, the situation in Bosnia remains grim. "Winter has been cold and there is no gas or electricity," Pearlmutter says. "Supplies are being held up, and people have no fuel. They are cutting down trees and burning books and family treasures to keep warm. I don't know how they're going to make it."

But Durant, who helped Pearlmutter prepare for her journey, notes that the human spirit can prevail in even the bleakest conditions. "Man's inhumanity to man may seem universal," Durant says, "but man's resiliency is also universal. The struggle to survive is always a dominant theme in these locations, and second in importance is the thirst for freedom." ●

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Communication is key to keeping pace with change

An ongoing MGH strategic planning initiative is focused on positioning the hospital for success in the changing, increasingly competitive health care environment. To involve all MGHers in the new directions produced by strategic planning, a comprehensive communication effort will begin next month.

Jeff Davis, senior vice president for Human Resources and Continuous Improvement, and Larry Ronan, MD, staff physician, are co-chairs of the Strategic Planning Communications Subcommittee.

"The MGH wants to survive and thrive in this new health care market," says Ronan. "To succeed, the hospital has to change. MGH employees and staff need to understand how the health care environment is evolving, how the hospital is responding, and how we must adapt."

The communication effort relies on the leadership of unit chiefs, nursing managers and department heads who will be asked to "teach the MGH community about the strategic planning purpose and process, and promote a cultural shift toward an emphasis on patient-focused, cost-effective care," explains Davis.

In preparation for their role as communicators, more than 300 hospital leaders will participate in full-day retreats to be held on three separate occasions to accommodate the entire group. The agenda includes a series of presentations and discussions on an array of issues surrounding the strategic planning process, including segments on the health care market, Partners Community HealthCare Inc. (the Partners network), the Massachusetts General Physicians Organization (MGPO), operations improvement, strategic facility planning, patient-focused care and diversity.

"By the end of the day, we expect that retreat participants will recognize how what may appear to be a wide range of topics are actually closely connected," says Davis. "Ideally they will leave with a firm grasp of the strategic planning process and confidence in their ability to present these concepts to their staffs in the following weeks."

The strategic planning process began in October when Samuel O. Thier, MD, president of The Massachusetts General Hospital, charged MGH senior management and chiefs of service with the task

(Continued on Page 3)

Cold feet, warm hearts

The Valentine's day sock drive for the homeless, sponsored by the MGH Homeless Committee, netted hundreds of socks and other cold weather gear to help homeless people keep warm this winter. Members of the committee pictured are, from left, Michael Bierer, MD, director of the MGH Medical Program for the Homeless; Barbara Hawley, LSW, of the Social Service Department; Edith Kenneally, manager, Government Programs and Admitting Services; Susan Robinson, MSW, of Social Services; Thomas Murphy, security manager, Police and Security; Rose Wilkeson, RN, MSN, staff specialist, Surgical Nursing; and Kathleen Cumming, RN, MS, clinical nurse specialist in the MGH Medical Program for the Homeless.

MGH, BWH, Partners aim for compatibility in graphic identities

An institution's graphic identity is its signature. Its logo, the design of its publications and marketing materials, the signs in its hallways: all help convey an institution's mission and values. To make the best impression on patients and visitors and bring attention to the MGH's excellence and strength, the hospital recently initiated a program to develop a new graphic identity system.

The MGH has undertaken this project with Partners HealthCare System, Inc. and BWH, recognizing the need for all three organizations to have graphic identities that are compatible and complementary in this increasingly competitive marketplace. MGH, BWH and Partners have retained BrandEquity — one of the region's most respected graphic identity firms — to coordinate this effort, which will evaluate, refine, design and relate the identities of the system and its affiliates.

"BrandEquity brings a wealth of experience to this assignment, having worked for some of the nation's leading corporations and nonprofit organizations," says Allen Peckham, MGH senior vice president for Development and Public Affairs. "Given the changing health care landscape, it is more important than ever that Partners as well as its affiliates and their programs stand apart from the competition."

To develop the new graphic system, BrandEquity will interview clinical and administrative leadership at Partners the MGH and BWH, as well as audit visual communications such as stationery, publications and signage. The first priority will be to complete the identity program for Partners, followed by the development of systems for the MGH and BWH.

BWH developed a graphic identity system when its affiliated hospitals merged more than a decade ago. This system has been refined over time and continues to be in use today. The MGH, by contrast, has no consistent graphic system; its departments and programs use a variety of logos to depict the hospital.

The MGH phase of the project is expected to be completed by December. ●

McLean's effective, efficient triage u

Like the MGH, McLean Hospital has been responding to the increasingly competitive health care environment by searching for new ways to make operations more effective.

McLean, the MGH-affiliated psychiatric hospital in Belmont, Mass., last year established a triage unit, the Clinical Evaluation Center (CEC). Since then, the CEC has proven to be a successful innovation that has significantly enhanced clinical operations, improved customer service and provided a sorely needed resource to hospitals in the Greater Boston area — including the MGH, which last year was the CEC's most frequent hospital referrer.

Now a little more than a year old, the CEC is open 24 hours a day. With a quick telephone call to specially trained intake coordinators (1-800-955-9005), clinicians can arrange immediate referrals for patients in need of emergency psychiatric evaluation and crisis stabilization.

IN GENERAL

Marvin C. Guthrie, vice president for Patents, Licensing and Industry Sponsored Research, has been elected to the Board of Trustees of the Licensing Executives Society, the largest international technology licensing organization in the country. Guthrie is a frequent speaker on biotechnology licensing and university/industry relations.

James M. Perrin, MD, director of General Pediatrics, has been named to the Childhood Disability Commission of the U.S. Department of Health and Human Services. The commission will conduct a review of assistance given to disabled children under the Supplemental Security Income program.

The Environmental Services emplyees of the quarter for the first quarter of 1995 are: **Orlando Arango, Terenzinha Barbosa, Fitzroy Browne, Gertha Gard, Marie Leveillard and Pablo Torres.**

nit

The referral process by telephone averages about five minutes.

More than 4,000 patients were treated at the CEC in its first year of operation, a significant increase over the former system, which required patients to be admitted to one of a variety of inpatient units, which were often restricted to regular business hours.

Directed by Trude Kleinschmidt, MD, the CEC is staffed by a team of psychiatrists, internists, nurses, social workers and other mental health specialists. The clinical team identifies the needs of each patient and develops an individual treatment plan. Eight beds are available for the observation of acutely ill patients, and services, including laboratory, radiology, EEG, EKG and MRI are readily available.

Once patients are stabilized, they may be admitted to one of McLean's inpatient units, diverted to a step-down program such as partial hospitalization, outpatient clinics and community residential care, or discharged.

— Keeping pace with change

(Continued from Page 1)

of initiating a process to establish "boundaries, guidelines and principles that give us a programmatic sense of who we are, what we do and where we want to go."

In a subsequent two-day retreat, hospital leaders examined and reassessed MGH corporate values and strategies. A second retreat in December yielded a refined statement of the MGH mission, values and guiding principles. (*Hotline,* Dec. 23, 1995)

Thier says he does not envision strategic planning as a finite project, but rather as "an ongoing process that receives continual review and adjustment and that provides a context within which to test options for current and future actions." To manage this process, a joint MGPO/General Hospital Steering Committee has assigned responsibility for addressing key strategies for success to six task forces: integrated health care delivery, biotechnology, tertiary and quaternary care, education, patient-focused care and communication. ●

AIDS Awareness Week

Panels from the national AIDS quilt were displayed at MGH during the hospital's annual HIV/AIDS Awareness Week, Feb. 12 to 18, sponsored by the MGH AIDS Educational Task Force Committee. The three panels were made from individual banners each representing a person who has died from the illness.

The highlight of the week was a conference entitled "AIDS and the Family: The effect on Society," presented by Marshall Forstein, MD, Medical Director, Mental Health and Addiction Services at Fenway Community Health Center. Wesley Layne and Linda Lass-Schumacher of the AIDS Educational Task Force presented Forstein with a $200 check for the Fenway Health Center on behalf of the MGH.

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February 24, 1995

MGH**HOTLINE**

Patient care reps move

The Patient Care Representatives Office is scheduled to move today to new, centrally located space off the WACC Lobby, Room 018. The main number, 6-3370, and all other phone numbers will remain the same. The new fax number will be 4-0063.

The shirt off your back

The General Store and Flower Shop has arranged for dry cleaning and shirt laundering services for hospital employees beginning Feb. 27. Employees can drop off their clothes at the store's new location in the Blake Building. One- and two-day service will be available through Quality Cleansers of Framingham. For more information, stop by the store or call Connie Thibodeau at the Ladies Visiting Committee Office, 6-2364.

Save money, kick the habit

The MGH Quit Smoking Service is offering a special discount to MGH Employees for its eight-week group smoking cessation program. Employees joining the group that begins March 1 will receive 10 percent off the program fee, paying $130 instead of $144. The group meets Wednesday evenings from 5:30 to 7 pm. For more information or to register, call Shelli McDuff at 6-7443.

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Wendy Matarazzo
Jeff Wdow
Editors

Extension 6-2206
FAX 6-7475

Bank-at-Work

Bank of Boston representatives will be at the MGH next week to distribute information about Bank-at-Work benefits available to employees of hospitals belonging to Partners HealthCare System, Inc. Bank representatives will be on-site:

- Wednesday, March 1
  7:30 am to 5 pm
  West Lobby at CNY
- Thursday, March 2
  6:30 am to 5 pm
  Gray Lobby

Employees may sign up for the program, which includes several free or reduced-fee banking services, if they have their paychecks directly deposited into Bank of Boston accounts. Information is also available by calling 1-800-252-6000 and asking for a Partners HealthCare representative. Assistance is available from 8 am to 9 pm, Monday through Friday, and from 9 am to noon Saturday.

Ash Wednesday

In observance of Ash Wednesday, March 1, the MGH Chaplaincy will offer these services:

Main Campus Chapel

- Mass and distribution of ashes at 6:45 am
- Ecumenical prayer service and distribution of ashes at 11:30 am
- Ecumenical prayer service and distribution of ashes at 12:15 pm
- Mass and distribution of ashes at 4 pm

MGH East

- Distribution of ashes in the first floor atrium of Building 149, noon to 1 pm

Ashes will be distributed to inpatients on each patient care unit throughout the day.

All Chapel services are broadcast on Channel 16 on the in-house television system. For more information, call the Chaplaincy at 6-2220.

Toastmasters

Through participation in the Toastmasters Communication and Leadership Program, individuals from all backgrounds learn effective public speaking, how to conduct a meeting and how to lead, delegate and motivate. The General Speakers Toastmasters will hold an open house Feb. 27, 5 to 6 pm in the East Cafeteria on the main campus. Refreshments will be served. For more information call Reem Jabr at 6-4364.

Women in Science

The fourth panel of the educational series the "Ins and Outs of Academic Medicine," sponsored by the MGH Women in Science Committee, will be held March 8, 4 to 6 pm, Wellman 1 Conference Room. Entitled "How to Write a Grant," this panel will be chaired by Lee M. Kaplan, MD, PhD, chairman of the MGH Subcommittee on Review of Research Proposals (SRRP). Panelists include John Potts, MD, chief of Medicine, and members of the SRRP, including MDs Patricia D'Amore, Eva Neer, Nadia Rosenthal and Kathleen Sweadner.

The first three panels of the series are available on videotape from Carole Davis, 4-2734, in the Research Affairs Office on Bartlett 3.

Information on menopause

Social Services is hosting a series of presentations on menopause to employees, staff and patients. Isaac Schiff, MD, will present information on the process of menopause Tuesday, March 7; Masha Etkin, MD, will discuss hormone replacement therapy Wednesday, April 12; Kathleen Ullman, PhD, will address mood swings Tuesday, May 2, All presentations will be in the Burr Conference Room, Bartlett 3, 1:30 pm to 3 pm. For more information call 4-0759.

March 3, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Joint MGH-BWH sickle cell program planned

EVERY THURSDAY a team of caregivers assembles in the BWH Hematology/Oncology Unit prepared to face down a persistent and elusive enemy — sickle cell disease. And the team is making headway. While few treatments currently exist for the disease, the team has found that bringing together providers at a time and place convenient for patients is one of the best defenses against sickle cell's characteristic episodes of severe pain, called crises.

Established 18 months ago, the BWH Sickle Cell Program involves physicians from many specialties, nurses with expertise in blood disorders and social workers. "We've put together a package of services to make it easy for patients to receive ongoing care," says Kenneth Bridges, MD, director of the BWH Sickle Cell Disease Unit. "Patients see many caregivers in one well-organized session, preventing the need for multiple trips to the hospital for follow-up visits and tests."

In the months ahead, this patient-focused model of sickle cell care will extend across town to the MGH as the two hospitals, through Partners, inaugurate a joint sickle cell program under the supervision of Bridges and MGH hematologist David Kuter, MD, PhD.

While the MGH has long offered high-quality care to sickle cell patients, adopting the BWH model will provide more streamlined and coordinated services for patients. "We have been impressed with the BWH model," Kuter says. "We think it will enhance the experience for those sickle cell patients who have relied on the MGH for all aspects of care. We want to offer a convenient program that encourages regular follow-up, and the Brigham model has demonstrated high patient compliance."

Kuter says he hopes to expand the joint program to include patients with thalassemia, a blood disorder involving an inability to produce sufficient hemoglobin, the oxygen-carrying part of red blood. In addition, the joint program may offer opportunities for appropriate patients with sickle cell disease or thalassemia to undergo potentially

(Continued on Page 2)

Scientific findings: *The fifty-four students who participated in this year's MGH-Timilty Science Connection recently presented their completed projects at the Timilty Middle School's annual science fair competition. Among the attendees were, from left, Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive at the MGH; Felicia Robb, co-director of the MGH-Timilty Science Connection; Darren T. Wells, an eighth grade science teacher; Andrea Gwosdow, PhD, of the Department of Medicine and co-director of the MGH-Timilty Science Connection; and Roger F. Harris, school principal. When the results were tabulated, 15 of the 20 finalists were Science Connection graduates who will advance to this month's annual Citywide Science Fair competition. The MGH-Timilty Science Connection is designed to expose inner-city children to science.*

— Joint BWH-MGH sickle cell program planned

(Continued from Page 1)

curative bone marrow transplantation, he says. The remodeled MGH sickle cell program could begin to be phased in as early as this summer.

Sickle cell disease, which primarily affects people of African descent, is caused by a defect in a gene that produces hemoglobin. When oxygen is depleted, cells become dehydrated and crescent-shaped, inhibiting the smooth flow of blood and creating traffic jams in small blood vessels. The blockages cause excruciating pain and over time can insidiously damage organs.

The remodeled MGH sickle cell program could begin to be phased in as early as this summer.

One important feature of the BWH Sickle Cell Program involves getting patients who experience crises into treatment as soon as possible. Rather than going to the Emergency Department, where, depending on circumstances, they may have to wait, patients who have crises during the day are directed to the BWH Chemo/Infusion Suite, where intravenous analgesic treatment is begun quickly. The results have been dramatic. In a recent study, Bridges and his team found that 50 percent of the patients treated in the BWH ED for sickle cell crises were admitted to the hospital, compared with 13 percent of those treated in the Chemo/Infusion Suite.

The MGH also will look into shifting sickle cell crises care from Emergency Department to an infusion suite setting, says Kuter. But this transition will not happen until next year, when an outpatient infusion center is slated to open in the Blake Building.

The joint sickle cell program will offer new and expanded research opportunities between the two institutions, Bridges says. Teaching experiences will expand as well, as residents and fellows will rotate through programs at both institutions. The collaboration will also seek to increase community outreach efforts focused on identifying sickle cell patients; distributing information about the disease; and recruiting African-American blood donors, whose shared ancestry increases the chance of a match with sickle cell patients who need frequent transfusions. ●

Feb. 26 — *The Boston Herald* interviewed **Rees Cosgrove, MD,** of Neurosurgery, regarding cingulotomies, a surgical procedure used to treat severely ill psychiatric patients.

Feb. 22 — National Public Radio aired an interview with **Deborah Cotton, MD,** of Infectious Disease, regarding a Centers for Disease Control and Prevention proposal that urges mandatory HIV testing for all pregnant women.

Feb. 19 — *The Boston Globe* interviewed **William Hurford, MD,** of Respiratory/Intensive Care, regarding a survey indicating that four out of five intensive care doctors have withdrawn or withheld life-sustaining treatment, often without the knowledge or consent of patients or their families.

Feb. 15 — WBZ-TV Channel 4 featured **Christine Oliver, MD,** of Occupational Medicine, and one of her patients for a segment regarding multiple chemical sensitivity.

Feb. 15 — *The Boston Globe* carried a wire service story that quoted **Daniel Kopans, MD,** of Radiology, regarding a Canadian breast cancer study about the benefits of annual mammograms for women between the ages of 40 and 49.

Feb. 10 — WHDH-TV Channel 7 aired a feature on the MGH-Timilty Science Connection, an MGH mentoring program for students from Roxbury's Timilty Middle School. The story featured student mentor **Christina Whiting,** of Inpatient Psychiatry, and **Gail Weissman, EdD, RN**, senior vice president for Patient Care and chief nurse executive.

March 3, 1995

MGH HOTLINE

Storing trash earns cash

ONCE CONTAMINATED with radiation, disposable clinical and research supplies — from syringes to test tubes to rubber gloves — can become as expensive to throw away as they are to purchase. To keep disposal costs down, the Radiation Safety Office last year began storing certain extremely low-energy contaminated waste materials at the MGH until the radioactivity dissipated and it could be thrown out as regular trash. "The radiation in these particular materials is not even powerful enough to penetrate the first layer of a person's skin," says Rex Woodleigh, MMSc, MGH radiation safety officer.

Space in the radiation decay facility began to run short soon after the effort began, and the MGH again faced the prospect of paying high costs to dispose of excess material before allowing the low levels of radiation to decay here.

But a team of resourceful MGHers stepped forward to save the day by negotiating a swap of space between the Pharmacy and the Radiation Safety Office, providing a location where the excess waste could decay. The project shaves upwards of $24,000 per year off the MGH's hazardous waste disposal costs. After submitting the project for consideration to the MGH Team Incentive Program in December, each member of the team earned one of the first four bonus checks issued under the new initiative.

The team: from left, Tom Wonders, Research Facilities administrator; Woodleigh; Joseph Santoro, RPh, Pharmacy supervisor; and Richard Miller, radioactive waste supervisor.

"When we unveiled the Team Incentive Program in November, we never dreamt we'd see the first submission in less than a month," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement.

Cash incentives are awarded for innovative cost-saving and revenue-enhancing projects. To submit an idea, team members should send a brief, detailed account of the project to: Rewards Review Panel, c/o Maria Sacco, Wage and Salary Office, M01506. All submissions must be dated and include the cost center that will realize the savings or earnings, the project implementation date, team members names and a contact person as well as approval signatures of appropriate department heads or nurse managers. If the proposed project would affect clinical patient care, an impact statement must be included. For more information, contact Maria Sacco at 6-5142.

In general

Gary Proulx, MD, of Radiation Oncology, has received a travel grant and monetary award from the American Radium Society for his research on a radiosensitizing agent called nicotinamide. He will present his research at the American Radium Society Meeting in Paris in April.

In late October **Patricia Donahoe, MD,** MGH chief of Pediatric Surgery and alumna of Boston University, was invited to join the Boston University Board of Trustees.

Susan Pauley, RN, clinical supervisor, IV Therapy, presented "Modern Intravenous Therapy Practices" to more than 1,900 nurses during a two-week speaking tour in Asia in November.

Patricia Sullivan, PhD, PT, senior physical therapist, Physical Therapy Associates, and **Prudence Markos, MS, PT,** senior physical therapist in the Physical Therapy Department, recently published "Clinical Decision Making in Therapeutic Exercise." Their previous texts on therapeutic exercise have been used internationally and have been translated into German and Japanese.

March 3, 1995

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MGH HOTLINE

Information on menopause

The Social Services Department is again offering a series of presentations and discussions dealing with issues of menopause. These sessions are open to employees, staff and patients.

Tuesday, March 7, Isaac Schiff, MD, will address the process of menopause. Wednesday, April 12, Masha Etkin, MD, will speak on hormone replacement therapy. Tuesday, May 2, Kathleen Ullman, PhD, will present "Mood Swings in Menopause – Myth or Reality?"

Meetings will be in the Burr Conference Center, Bartlett 3, 1:30 to 3 pm. For more information call 4-0759.

A look at aging

The Third Partners Research Symposium will take place Tuesday, March 14, at the MGH. Entitled "Aging and Age-related Diseases," the symposium is cochaired by Marilyn Albert, PhD, of the MGH and Neil Resnick, MD, of BWH. The symposium begins with lunch at 12:30 pm and a poster session from 12:30 to 1:45 pm in the Wellman 1 Conference Room. From 2 to 5 pm, seven researchers from both the MGH and BWH will make oral presentations in the first floor conference room at Shriners Burns Institute. For more information, call Research Affairs at 6-3651.

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Wendy Matarazzo
Jeff Wdow
Editors

Extension 6-2206
FAX 6-7475

Bone marrow donor drives

March 5 to 12 is Massachusetts Bone Marrow Week, and bone marrow donor drives are planned throughout the state. Drives being held near the MGH campus are as follows:

- Tufts Medical School,
  Posner Hall,
  200 Harrison Ave.
  Monday, March 6,
  11 am to 5 pm,
- Blue Cross and Blue Shield,
  100 Summer St., Room 2E,
  Monday, March 6,
  10 am to 6 pm,
- MIT, 84 Massachusetts Ave.,
  Cambridge, Room W20,
  Tuesday, March 7,
  10 am to 6 pm.

For more information, including the location of other donor drives, call Cindy Campbell at 4-1127.

Celebrate diversity

The next meeting of the MGH Cultural Diversity Committee will be Wednesday, March 8, from 12:30 to 1:30 pm at Training & Organizational Development, Charles River Plaza. All interested MGHers are invited to come to the meeting and help plan the annual Cultural Diversity Awareness Festival, to be held in June. For more information, call Barbara Holland, director of Diversity, at 6-5741.

Credit union board election

Mark Grubbs of Human Resources is campaigning for election to the Board of Directors of the Harvard University Employees Credit Union (HUECU). The only MGHer running for election to the board, Grubbs had extensive experience with credit union management as chairman of Alpha Credit Union at Deaconess Hospital.

The HUECU election will be Wednesday, March 15, from noon to 6 pm, at the Roscoe Pound Building, 1563 Massachusetts Ave., Cambridge. MGH shuttle bus service will be available from the Gray Lobby during lunch hours: departing at noon and 1 pm and returning at 12:45 and 1:45 pm. The HUECU annual meeting, including dinner, will begin at 6 pm in the Pound Building.

Winning at losing

The next session of "Winning at the Losing Game," Nutrition Service's weight management program, begins Tuesday, April 25. The program meets for 10 consecutive Tuesdays from 5:15 to 7 pm in the Dietary Central Office, Gray Basement. Because space is limited to 15, early registration is encouraged. The program may also qualify for the Tufts Associated Health Plan wellness benefit. For more information, call 6-2779.

Join The Missing Links

Last year 22 MGHers formed The Missing Links, a team of cyclists participating in the fund-raising bicycle tours sponsored by the Massachusetts Chapter of the National Multiple Sclerosis Society. This year the team hopes to double its membership and participate in four events, which range from one-day to three-day tours. People of all cycling abilities are welcome, and noncycling volunteers are also needed to help out at rest stops and first aid stations. For more information contact, Sam Roberts at 6-3394, Joe Byrnes at 4-3838, or Dennis Picarello (nights) at 6-2121.

March 10, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

On the fast track toward a unified information system

EVERY PATIENT leaves a hidden trail of tests, treatments, medications, readings, consults — data, data and more data. This history is like a flashlight on a dark path: it makes it possible to traverse a sometimes tricky course efficiently, quickly and safely.

The computer is the modern tool applied to medical documentation, and many independent systems exist at the MGH. But a unified system that tracks patients in real time and is available to appropriate caregivers throughout the hospital has not yet been implemented. But stay tuned.

Since the announcement last fall of the strategic plan being implemented by MGH Information Resources, physicians, nurses and other caregivers have been making steady progress toward evaluating and selecting the information systems that will lead the MGH into a future where information systems will be linked and readily accessible to those who need to know.

"Providing continuity of care will continue to be our primary focus as we face the challenges of a changing health care arena," says Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care, chief nurse executive and chairperson of the Patient Care Information Systems Steering Committee. "We must implement information systems that support the continuum of current patient needs as well as those of an as-yet-unknown future. More than 90

(Continued on Page 2)

Focus on achievement

Tamara Callahan, MPP

Ron Greene, RN

Gwendolyn Mitchell, LPN

Rodney Simmons

Carolyn Washington

"There can never be too many positive black role models," says Ron Greene, RN, staff nurse in the Emergency Department and Pre-Admission Clinic. "For every black man or woman doing good things in the community, there are ten negative images in the media to blunt their impact." Recognizing black professionals for their commitment to the development of young people is precisely what the YMCA's Black Achiever Awards program is all about. And this year five of 85 black achievers were from the MGH: Tamara Callahan, MPP, a Harvard Medical School student and research associate in the Reproductive Endocrine Unit; Greene; Gwendolyn Mitchell, LPN, Ellison 19, Intensive Care Nursing; Rodney Simmons, shipper-receiver in Materials Management and laboratory aide in the Signal Transduction Laboratory; and Carolyn Washington, operations coordinator, Bigelow 13, Intensive Care Nursing.

Getting back to work despite an injury

WHEN Kevin Russell of Materials Management injured his back in January, the last thing he wanted to do was go out on disability. Given his injury and the fact that lifting is a major part of his job, he was concerned about being out of work for an extended period. But Russell got the chance to stay at his job while undergoing treatment for his injury through the Transitional Duty Program, a pilot workers' compensation program offered at the MGH.

"The Transitional Duty Program is a return-to-work effort that provides employees with work-related injuries temporary work assignments that accommodate their specific restrictions," says Susan Loomis, RN, CS, director of Employee Health Services. "Our goal is to help an employee who is injured on the job return to work as soon as possible and remain fully employed in perhaps a different capacity until the injury is healed."

The program, which will begin formally April 1, was created by a hospitalwide, multidisciplinary task force. Through this program, employees will receive full pay, compared with the 60 percent offered by workers' compensation. It will be available to all employees who suffer a work-related injury.

The program works like this: Injured employees will be evaluated by a nurse practitioner in Employee Health Services to determine what physical restrictions, if any, will limit their ability to function in their current position. If the employee's position can be modified in some way to accommodate the injury, then every effort will be made to keep the person in that position. If that is not possible, then the employee may be placed in another position within the department or moved to a different department until the injury has healed.

Russell, for example, was able to remain in the distribution area of Materials Management. But rather than continue to lift heavy boxes, his position was revised to include more paperwork and other administrative responsibilities while he recovered from his back injury.

"It was good for me," says Russell, who has almost completed his medical treatment for the injury. "The program allowed me to remain productive and in the work loop in some capacity. I was able to shift assignments, and I hope I will soon be able to return to complete duty."

Transitional duty will be provided for up to 12 weeks, after which an assessment will be made of the employee's capacity. "Our employees are valued, and we want to keep them," says Loomis. "Our hope is that this new program will help those who are in[illegible] recover enough to return to the jobs they like and do well." For additional information about about transitional duty, call the Workers' Compensation Office in Employee Health at 6-2240. ●

— Fast-tracking information systems

(Continued from Page 1)

people are fast-tracking the development of system requirements to ensure just that."

Once implemented, the systems will:

- Allow clinicians to electronically place orders for medications, lab tests, and x-rays as well as record observations and treatments.
- Monitor data such as vital signs, blood pressure and heart rate, making it possible for clinicians to respond more quickly to changes in a patient's status.
- Track patients in real time, enabling clinicians to instantly locate patients and ensuring that test results and caregivers are dispatched to the right place at the right time.

Other tasks for which systems are being evaluated include patient and staff scheduling, patient classification, office automation and human and fiscal resource management.

Selection of the various systems is expect to be finalized during spring and summer 1995. ●

Strategic
MGH
Planning

Sharing strategic information

GIVEN the size of the MGH and its academic culture, how will the hospital ever streamline and change its operations fast enough to meet the challenges of the managed care revolution?

That was just one of the tough questions asked at the first of three retreats designed to educate leadership about MGH strategic planning. More than 100 participants in the March 6 workshop learned about the MGH's plans to influence, adapt and thrive in the changing health care market. Participants—clinical leaders, department heads and supervisors—were also charged with relaying the information they gathered at the workshops and educating their staffs about the process by mid-April.

This "teach-the-teacher" format was chosen to facilitate the spread of needed information throughout the vast MGH community in stages. In the first stage, MGH leaders are educated about market issues, culture modification, progress to date and plans for the future. The second stage provides resources to the leaders to help them effectively share the information with their staffs.

In the photos at right, workshop participants listen and discuss the key elements of the strategic plan and the best ways to inform, engage and align the entire MGH community with goals set by the strategic planning process. ●

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March 10, 1995

MGH**HOTLINE**

Funds available from Cancer Friends

The Friends of the MGH Cancer Center have funds available to support projects or equipment that will improve service to cancer patients and/or their families. The Friends are especially interested in ideas that improve patient amenities, patient education and family support. As in previous years, funds can support printing or other one-time educational expenses, but not personnel salaries or ongoing expenses. Because of the success of their two fundraisers, the Friends hope to support several projects and will consider large (greater than $5,000) as well as small requests this year.

Submit all requests by April 4 in a brief letter, including an itemization of costs, to the Friends of the MGH Cancer Center, CLN-110. The requests will be voted on at the next board meeting of the Friends in early May. For more information, contact the office of the Friends of the MGH Cancer Center at 6-1063.

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Coupon books available

The price for Fall/Winter *Boston Today* coupon books has been reduced to 25 cents. The coupons will be valid only until April 30, when they will be replaced by the Spring/Summer *Boston Today* books. Books are available at the CNY Human Resources Office; the Personnel Records Office at 101 Merrimac Street, 5th Floor; and from Nancy Kessner in the Warren Library.

Career development

Women's Connection, a career development group for women working at the MGH, provides a forum for questions and support for members reviewing their careers and potential opportunities. The group is sponsored by the Human Resources Department. Jenny Neill of MGH Addiction Services will speak at the next meeting March 16, 5:30 to 7 pm, Wellman Conference Room.

Merging and moving

The Correspondence, Correspondence Reception, and Audit sections of the Health Information Management Department have merged to become the Correspondence and Audit section. Correspondence (formerly located on the Somerville campus), Correspondence Reception (formerly located in Clinics Basement 040) and Audit (formerly located in Clinics Basement 005) have relocated to Clinics Basement 035.

The main telephone numbers to the areas remain the same: Correspondence is 6-2485 and Audit is 6-6849. Please contact Elisa Doherty, associate director of Correspondence and Audit at 4-3095, Susan Dellasandro, supervisor of Correspondence at 6-2361 or Janet Saunders, supervisor of Audit, at 6-6849 with any questions.

Language study participants sought

The Neurolinguistics Laboratory seeks 7- to 19-month-old and $4^1/_2$ year-old boys with no known history of language delays or difficulties in learning to read to participate in a longitudinal study of language development. A small stipend will be provided. For more information, call Jenny at 6-3952.

Children's Hospital phone changes

Effective March 11, the main telephone exchange of Children's Hospital will be changed from 735 to 355. All four-digit extensions will remain the same. Hospital fax, modem and telephone numbers with the 730 exchange, including patient rooms as well as telephone numbers at Martha Eliot Health Center and the Medical Care Center in Lexington, will not be affected by the new exchange.

For at least six months after the conversion, 735 calls will be answered with a voice message asking callers to redial using the 355 exchange.

Time-saving tip

Save time by dropping off your dry cleaning and shirts that need to be laundered at The General Store and Flower Shop. Employees can choose one- or two-day service provided by Quality Cleansers of Framingham. For more information, stop by the store or call Connie Thibodeau at the Ladies Visiting Committee Office, 6-2364.

Blood need still crucial

The MGH Blood Donor Center is still experiencing a significant need for donations. Employees and staff are encouraged to call 6-8171 to schedule an appointment or stop by Gray 1 during the center's hours, Monday to Thursday, 8:30 am to 7:30 pm, Friday 8:30 am to 4:30 pm.

March 17, 1995

MGH**HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The changing health care market

FOR THE PAST several decades the costs of health care have escalated rapidly. And only in the past few years have private employers and government stepped forward to declare their unwillingness to support high costs. While political attempts to control the situation failed last year, market forces have nonetheless succeeded in catapulting the market into rapid transformation. In an effort to control costs, payors are replacing the traditional fee-for-service method of reimbursement with "managed care" and "capitated" payment systems.

Strategic
MGH
Planning

This dramatic change in the health care market serves as the backdrop for a series of retreats on strategic planning for MGH leadership.

"Under capitation, the insurance carrier pays a set amount each month for each covered member regardless of services rendered," explains Anne Dubitzky, vice president of Managed Care Contracting and Planning for the Massachusetts General Physicians Organization (MGPO) and a member of the strategic planning steering committee. "The doctor, particularly the primary care physician [PCP] who manages the care of the enrolled population, replaces the insurer as the party at risk. The incentive under capitation is to minimize the need for expensive diagnostic services and treatments to decrease costs."

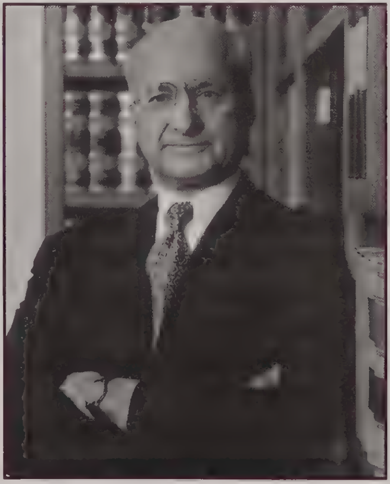
Because of the high rate of health maintenance organization (HMO) penetration and relatively high health care use and costs, the Boston market is poised for rapid and dramatic change compared to the rest of the country. "On average, academic medical centers like the MGH have 20 to 30 percent higher costs than community hospitals because of the kind of care they offer and because of the additional costs of their teaching and research missions," says Lynne Eickholt, vice president of Managed Care, Marketing and Planning for the MGH, and also a strategic planning steering committee member. "This puts us at a disadvantage in a competitive market in which cost is one of the most important determinants of where care is

(Continued on Page 2)

PARTNERS PROGRESS

Legal liaisons

IN ANOTHER reorganizing move, Partners is consolidating the MGH and BWH legal offices into a Partners Office of General Counsel, naming Ernest M. Haddad general counsel and secretary of the corporation.



Ernest M. Haddad

Haddad has served 14 years as general counsel of the MGH, building and shaping a legal office able to handle a full range of issues in the ever-changing and increasingly complex health care industry.

The Partners Office of General Counsel brings together the dozen attorneys of the MGH legal office and the five attorneys from BWH. "The two legal departments dovetail nicely," says Haddad. "We both operate full-service law offices, providing counsel and advocacy in a wide range of areas."

To ensure a smooth transition to a unified department, Haddad will work closely with Elizabeth Molodovsky, who has headed the BWH law department for the past eight years. "The collective strength of these two outstanding law offices

(Continued on Page 3)

— The changing health care market

(Continued from Page 1)

delivered. To succeed in this new marketplace, the MGH and Partners must focus on network formation, cost reduction, PCP development, quality and service.”

Eickholt characterizes the current Boston market as overbedded, overpriced and overspecialized. The region is marked by a relatively high penetration of managed care, insurance plans that manage patient services with the objective of controlling costs. At the same time Eickholt indicates that the MGH has thus far been protected from the effects of capitation, a form of managed care, because of the hospital's relatively small percentage of HMO business and high percentage of Medicare.

“As Medicare members join HMOs, however, our insulation is wearing thin,” she says. “In the next three to five years as capitation increases we will experience dramatic change. The dislocations we have already felt are minor compared to what we will soon experience. To prosper the MGH needs to stay a step ahead of market changes.”

Laurence J. Ronan, MD, staff physician and co-chair of the strategic planning communications subcommittee, says that the MGH has been relatively quick to adapt to the changing health care environment. “Partners HealthCare System was formed to combine the forces of the MGH and the Brigham and Women's Hospital to help expand our market, reduce our costs and prepare for capitation,” Ronan says. “Partners Community HealthCare was organized to develop an integrated delivery network and to increase our primary care patient base. The MGPO was established to organize MGH physicians to contract with the payors.”

“As Medicare members join HMOs, however, our insulation is wearing thin ... The dislocations we have already felt are minor compared to what we will soon experience. To prosper the MGH needs to stay a step ahead of market changes.”

A changeover from a fee-for-service to a capitated managed care system will require expected cost savings of about 20 percent, primarily from a reduction in hospital and specialty services expenditures.

The ongoing MGH strategic planning initiative is a continuous process designed to formulate goals and strategies for the future. A series of retreats for senior management and chiefs of service beginning last fall produced the MGH mission statement, values and guiding principles. The strategic planning steering committee, co-chaired by W. Gerald Austen, MD, chief executive officer of the MGPO, and Richard R. Crater, chief executive officer of The General Hospital Corporation, has subsequently established task forces to begin to chart MGH's future course in key areas including patient-focused care, integrated health care delivery, education, tertiary and quaternary care, biotechnology and communications.

The strategic planning retreats for MGH leadership, which were held March 6 and 9, with the third scheduled [illegible] March 24, were organized by a subcommittee co-chaired by Ronan and Jeff Davis, senior vice president for Human Resources and Continuous Improvement. The retreats provide information to clinical and administrative department heads and managers, preparing them to discuss the ongoing process of change with employees and staff throughout the institution. “The retreat agenda allows the longest presentation time for the segment on the health care market,” says Davis, “because genuine understanding of the changing environment is really a prerequisite for devising, implementing and understanding our plans for the future.” ●

— Legal liaisons

(Continued from Page 1)

will serve Partners, BWH, the MGH and other Partners-affiliated institutions well," says Molodovsky. "I look forward to the opportunities presented by the consolidation."

While the majority of the staff will be located on the 10th floor of 50 Staniford St., the Office of General Counsel will maintain a physical presence at both hospitals. It will also provide legal services to McLean Hospital, Spaulding Rehabilitation Hospital, the proposed Brigham and Women's Physician Organization, the Massachusetts General Physicians Organization and other Partners affiliates.

"Ern's thoughtful counsel and his ability to help us sort through intricate details and options have been essential to the formation and development of our Partners system," says Samuel O. Thier, MD, president of Partners. "He is a person of great integrity and character."

According to H. Richard Nesson, MD, chief executive officer of Partners, "We are delighted that Mr. Haddad will serve as general counsel to help us develop the Partners integrated health care delivery system. As general counsel of the MGH, he has established a well-deserved reputation as one of Boston's finest attorneys."

Haddad says that the Partners' legal team will continue to be involved in the many areas of law that affect today's health care organizations. The MGH and BWH legal offices have handled a variety of cases during the past year, including corporate transactions, real estate transactions, corporate finance matters, labor and employment counseling and a broad array of contract counseling and litigation.

"Most members of our staff are somewhat specialized, but all are involved in patient care matters," says Haddad. "It is our constant reminder that our institutions, with all of their complexities, exist for the purpose of caring for sick and injured patients and maintaining the health of our community."

Haddad's positions before coming to the MGH include general counsel of Blue Cross and Blue Shield of Massachusetts from 1976 to 1980, assistant secretary-general counsel of the Massachusetts Executive Office of Human Services from 1971 to 1976, assistant dean and faculty member of Boston University School of Law from 1966 to 1971, and private practice with a Boston law firm. He earned his undergraduate degree from Trinity College in 1960 and his law degree from Boston University in 1964. ●

Joint hyperbaric medicine program

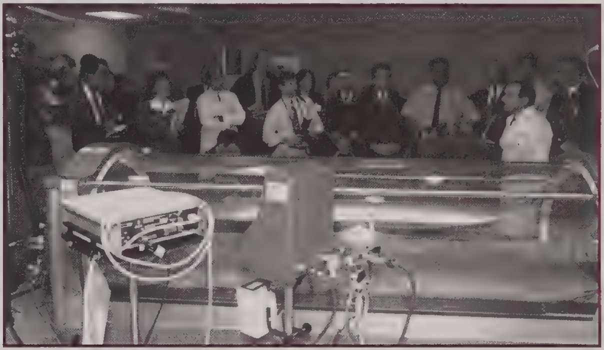


photo by Eric Antoniu

At a news conference last month announcing a joint hyperbaric medicine program involving the MGH, Massachusetts Eye and Ear Infirmary, Shriners Burns Institute and BWH, Richard Fabian, MD, of MEEI, (at podium), director of the Center for Hyperbaric Medicine, addresses an audience that included, from Fabian's left, Boston Fire Department Commissioner Martin E. Pierce, Mayor Thomas M. Menino, and Boston Firefighter Darryl Johnson, who received hyperbaric treatment in Connecticut following a warehouse fire in Charlestown last summer.

THE MGH, Massachusetts Eye and Ear Infirmary (MEEI), Shriners Burns Institute and BWH have joined forces to establish a comprehensive hyperbaric medicine program. The Center for Hyperbaric Medicine is the first and only center in Boston equipped with its own hyperbaric chamber.

Often used to treat smoke inhalation victims and divers who come to the surface too quickly, a hyperbaric chamber creates an environment that allows the body to absorb 100 percent oxygen at a rate two to three times faster than usual and will rapidly replace inert gases in divers.

MEEI will use the chamber to advance wound healing in patients recovering from head and neck surgery, while the MGH, Shriners, and BWH will treat patients suffering from carbon monoxide poisoning and decompression sickness.

March 17, 1995

MGH HOTLINE

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Car credit

Thinking about buying a car? Members of the Harvard University Employees Credit Union, which is open to MGHers who work 17.5 hours a week or more, can benefit from special car loan rates. Annual percentage rates of only 7.25 percent on new cars (with a 20 percent down-payment) and 8.5 percent on used cars (with 15 percent down) are available. For information call 495-4460.

Children's Center

The MGH Children's Center will sponsor the following programs this spring:

Safety for Kids 101
"Focus on Ages 0-5," presented by MGH Employee Health Service, will be offered March 22, 10 to 11 am, Research Affairs Conference Room, First Floor, CNY Building 149, or March 29, 11 am to noon, WACC Walcott Rooms.

April vacation camp
Limited spaces are still available for boys and girls between 6 and 12 years old. The camp will run April 17 to 21, from 8:30 am to 5:30 pm. The cost is $150 for a week of field trips and fun.

To reserve a space for either of these programs, or for information about day care services, call the MGH Children's Center at 6-KIDS.

College choices

Parents have until March 31 to join the U. Plan — the Massachusetts College Saving Program, which enables one to lock in current tuition rates at more than 60 public and private colleges and universities. The program is sponsored by the Massachusetts Educational Financing Authority. For information call (800) 449-MEFA.

Those exploring college options might also consider attending the 1995 Boston Area National College Fair, where more than 300 colleges and universities will be represented. The fair will be held at the Hynes Convention Center April 4 (from 9 am to 1 pm and 6 to 9 pm) and April 5 (from 9 am to 12:30 pm). For more information call (703) 836-2222.

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MGH marks Black History Month

FEBRUARY was Black History Month. And at the MGH the occasion was marked in a number of ways: free tickets to the movie "Hoop Dreams," an art fair featuring the work of three local black artists and a bulletin board display.

Within the MGH nursing community Black History Month was celebrated with a Diversity Awareness Forum hosted by the Minority Nurse Retention and Recruitment Committee. Attended by upwards of 70 people, the Feb. 17 event was the fourth hosted by the committee in its four-year history and featured remarks by keynote speaker Linda Burnes-Bolton, RN, PhD, president of the National Black Nurse's Association; Jeff Davis, senior vice president for Human Resources and Continuous Improvement; Barbara Holland, director of Diversity; Winfred Williams, MD, director of the Office of Minority Health Professions; Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Care and chief nurse executive; Ferdinand Colloredo-Mansfeld, chairman of the MGH Board of Trustees; Samuel O. Thier, MD, MGH president; Richard R. Crater, MGH chief executive officer; E. Lorraine Baugh, RN, MS, chairperson of the MGH Institute of Health Professions Board of Trustees, and others.

One of the focal points of the forum was the presentation of $1,000 scholarships to Arizona Thornton, unit assistant in Medical Nursing, who is studying nursing at Bunker Hill Community College, and Michelle Venus, film librarian in the Radiology File Room, a nursing student at Northeastern University. ●

IN GENERAL

Ronald Greene, RN, staff nurse in the Emergency Department and the Pre-Admission Clinic, received the Excellence in Nursing Practice Award from the New England Regional Black Nurses Association Feb. 17. Recommending him for the award, **Maryfran Hughes, RN, MSN,** nurse manager of the Emergency Department, wrote: "As a primary nurse, Ronnie's clinical and interpersonal skills serve as a model to others. His relationships with patients and families are the essence of professional nursing ... he is an enthusiastic nurse who is an asset to the profession."

March 24, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

Partners at one year

DESPITE a mild winter, a flurry of alignments, affiliations and mergers have rained down on the Boston health care field over the past year, precipitated by what remains today the largest, and arguably the strongest, affiliation to date — that of the MGH and BWH to form Partners HealthCare System, Inc.

The decision to affiliate, announced in December 1993, was sealed one year ago this month with the completion of necessary legal and regulatory actions. As is fitting with the celebration of any birthday, a review of the accomplishments of the past year — and a few projections for the coming year — is in order.

Building a network

The expansion of Partners from two founding academic medical centers — BWH and the MGH — to an integrated health care delivery system in eastern Massachusetts is well under way. Under the auspices of Partners Community HealthCare, Inc., the network arm of Partners HealthCare System, Inc., community care providers and hospitals have teamed up with the MGH and BWH to build a comprehensive health care network that reaches people where they live, and where they often need and prefer to receive much of their health care.

The system, which will include primary care physicians, specialists, community hospitals, specialty facilities and other health-related entities from throughout the region, is being designed to offer patients a continuum of well-coordinated, high-quality care.

(Continued on Page 2)

Becky Gonzalez, a student in the MGH-Timilty Science Connection program, explains her science fair exhibit to Partners' President Samuel O. Thier, MD, at the first of what will be annual meetings of Partners HealthCare System, Inc.

The diverse issues of diversity

An African-American woman physician is successfully recruited to the MGH. During the discussion about benefits and health care plans, she asks for a referral to an internist, preferably an African-American woman. The newly recruited physician is disappointed to learn that the MGH staff does not include such an internist.

A Vietnamese patient does not appear to be responding to his medication. The nurse discovers that the patient is taking only half the dose because he believes the dose he was prescribed is meant for Americans, who are generally larger in size.

A middle-aged researcher, born and raised in Russia, is reviewing a project with an American colleague who wears brightly colored clothes and smiles broadly. To the researcher, his colleague's manner and appearance do not convey the serious nature that his culture associates with competence, and he is not open to his colleague's input.

See story on diversity at the MGH, on Page 4

— Partners at one year

(Continued from Page 1)

In addition to BWH, the MGH and their five community health centers, the system now includes:

- Cape Ann Medical Center, a 10-physician primary care practice in Gloucester;
- Cape Ann Pediatricians, four pediatricians in Gloucester;
- General Medical Associates, a 46-physician practice with locations in Weston, Brookline and Boston;
- North Shore Health System, featuring 250 physicians (100 of whom are primary care) and North Shore Medical Center (Salem Hospital, North Shore Children's Hospital, Shaughnessy-Kaplan Rehabilitation Hospital and the Visiting Nurse Association of Greater Salem);
- Charles River Medical Associates, a group of 22 previously independent primary care physicians in Boston's western suburbs, a primary care offshoot of Massachusetts Associated Physicians, Inc.;
- McLean Hospital; and
- Spaulding Rehabilitation Hospital.

Also earlier this year, Partners and Blue Cross and Blue Shield of Massachusetts announced an innovative collaboration to enhance the delivery, financing and marketing of jointly developed products and services.

Cutting costs

Both the MGH and BWH are often ranked by outside sources as among the best hospitals in the country. Continuing to provide top quality care, but at a lower cost, is a Partners goal. Already, Partners, BWH and the MGH have saved more than $50 million toward a goal of reducing costs by $240 million over the next few years, while maintaining an unwavering standard of high-quality inpatient care.

Joint cost reduction teams — including Blood Banks, Central Sterile Supply, Drug Therapy, Invasive Cardiology, Materials Management, Microbiology, Radiology and Telecommunications — have been charged not only with reducing expenses across the board, but also with maintaining and improving quality and patient care. Savings will continue to come from standardizing the materials and processes used at both institutions, as well as focusing on utilization issues, contracting for best price and establishing best practice.

Collaborating

Reducing costs is just one of the benefits of the affiliation. Collaboration and coordination in many areas — administrative, patient care, teaching and research — will enable Partners to succeed in the future. Individuals and task forces will continue to find collaborative opportunities. Accomplishments to date include:

- principles for coordinating and consolidating clinical services;
- inventory of research efforts at the MGH and BWH, joint symposia for researchers, and seed grants for promising collaborative projects;
- joint residencies in OB/Gyn, medicine/pediatrics and emergency medicine;
- a single, unified oncology training program;
- merged Biomedical Engineering Department, increasing shared engineering expertise and enabling future savings on service contr[illegible] and equipment purchases;

Twelve years ago teenager Mina Capobianco was successfully treated at the MGH for a brain tumor by Elizabeth Dooling, MD, pediatric neurologist, and Paul Chapman, MD, pediatric neurosurgeon. Last month Mina Capobianco Kalton returned to the MGH, this time to give birth to her daughter Laura Michelle.

- consolidated legal departments facilitating systemwide coordination of legal issues; and
- a combined Podiatry Unit able to provide a greater array of services to a broader patient population.

What to expect next

Partners continues to foster collaboration among its affiliates and to reach out across the region to build new alliances with quality caregivers and [illegible]izations. Partners is creating a system that will deliver excellent care at a competitive cost in the most appropriate setting with the best outcome. Only by taking some very difficult steps will the Partners system succeed and be able to provide the high-quality care that has characterized its affiliates.

Among the areas to watch in the next year:

- additional alliances with a wide range of health care providers throughout eastern Massachusetts;
- an increase in the number of primary care physicians at both BWH and the MGH, as well as in Partners' alliances throughout the region;
- more collaborations between [illegible] MGH and BWH;
- [illegible] increase in administrative and clinical collaborations and consolidations;
- more links with payors to develop a range of health care products; and
- the creation of services (information systems, practice management advice and business expertise) to support Partners' affiliates.

By building on the foundation created this past year, Partners will continue to move toward its goal of creating a national model for the future of health care. ●

A personal milestone

Bessie Rosenberg marked her 101st birthday on Phillips 22 at the MGH, 90 years after her first visit. In 1905 she was treated after being hit in the elbow with a baseball bat while deterring a would-be thief. She has received her health care at the MGH ever since.

By his mother's side, Hyman Rosenberg, 81, described the journey she began in 1894 — from Lithuania to Ellis Island and eventually to Boston's West End, where mother and son now live on Blossom Street. While enjoying a birthday cake specially prepared by Dietetics, Hyman discovered that one of the neighborhood clients for whom he worked as a contract painter in the 1940s was the father of Phillips 22 Operations Coordinator Vincent Capodilupo, right.

WHAT'S HAPPENING

AIDS in New England

Deborah Cotton, MD, of the Infectious Disease Unit, will participate in a conference April 5, "Changing Times, Changing Strategies: AIDS in New England." For information or to register, contact Lynne Karsten, MPH, Massachusetts Public Health Association, 524-6696 by March 29.

Siskel and Ebert move over

An educational video program on hormone replacement therapy is being evaluated by the Medical Practices Evaluation Center in April. Women who are past menopause and who have thought through whether or not to elect hormone therapy are needed to help in the evaluation April 5, 5:30 to 6:30 pm; April 7, noon to 1 pm; and April 14, noon to 1 pm. Participants will receive a small stipend. For more information, call Diane Shirly or Nancy Leahy at 4-4646 or 4-4643.

Recycling money

Recycling white paper has generated some cash, which will support other recycling efforts. A new recycling task force will meet in April to decide on future efforts. To indicate interest in joining the task force, call David Read at 4-8266 or Bill Banchiere at 6-2445. [Ed. Note: Recycle *Hotline* in any white paper recycling box.]

IN GENERAL

Brandy Johnson, MSW, of Social Service, was chosen the MGH 1994-95 post-master's trainee in oncology social work by the American Cancer Society. Only four such fellowships were granted nationwide.

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Diversity at the MGH

Philosophy and Goals of Diversity

The Board of Trustees and administration of The General Hospital Corporation are committed to the belief that the MGH must become a richly diverse institution to fulfill its mission and strategic goals. This commitment will result in a hospital community that welcomes, affirms and respects the individual differences found in all patients, visitors, employees, staff, volunteers and the Board of Trustees.

AWARENESS of differences in style, attitude and experience plays a subtle, and often not-so-subtle, role in all human interaction. Creating a sense of openness to these differences —whether racial, cultural, sexual or any other kind — is crucial to providing an environment that is comfortable for patients and supportive of employees.

In response to a changing population of both patients and employees, the MGH Board of Trustees brought diversity to the forefront of discussions, endorsing a new policy that establishes a philosophy and definition of diversity, addresses the business imperative of diversity and helps set the stage for future actions.

"The hospital and its affiliates are dedicated to doing what is right," says Samuel O. Thier, MD, president of The Massachusetts General Hospital. "The trustees' action will enable existing efforts promoting diversity to expand, thrive and be more fully realized."

By formally endorsing a diversity policy, the trustees established a framework for a concerted, cohesive effort to create a more supportive and culturally diverse environment for patients and employees. Diversity is both a core value and a guiding principle in the hospital's strategic planning process.

"The MGH's vision is to make the hospital both the medical provider and employer of choice in an increasingly diverse environment," says Richard R. Crater, MGH CEO. Local market census figures show an increase in the minority population from 22.18 percent in 1980 to 31.03 percent in 1990. One of the goals of the diversity policy is that the MGH staff and workforce more closely reflect the patient population of the hospital.

According to W. Gerald Austen, MD, chief of Surgical Services and president and CEO of the Massachusetts General Physician Organization: "To deliver the highest-quality health care possible, MGH staff need an awareness of patients' cultures, which is enhanced by sharing diverse backgrounds, cultures and experiences."

Led by the MGH's director of Diversity, Barbara Holland, the efforts will include: a diversity assessment; communication about the hospital's commitment to diversity; rewards and recognition programs; evaluation of practices, policies and procedures; accountability and performance measures; and education and training.

Holland will work with Winfred Williams, Jr., MD, of the Office of Minority Health Professions, to recruit a more diverse group of physicians.

Says Holland: "These efforts are designed to ensure that the MGH continues to attract and retain the very best people, who are able to respond in a culturally competent manner to the needs of all of the hospital's patients. In addition, effective management of our workforce will lead to better problem solving, decision making and productivity." ●

Ted Raymond, left, a long-time supporter of the MGH, was recently presented with a plaque thanking him for his support of the MGH East softball team. Honoring Raymond are the team's coach, Domenic DiSalvo, center, Buildings and Grounds, and Tom Wonders, Research Affairs, vice president of the MGH Softball League. The MGH East team has won the league championship four consecutive times.

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March 31, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Mission, values and principles provide guidance for the future

During March, MGH department heads and managers attended daylong meetings explaining the hospital's strategic planning process. The sessions were designed to educate participants and prepare them to share the information presented with members of their staffs. This is one of a series of articles covering information presented at these meetings.

ARTICULATING the mission of the MGH, identifying the values the hospital regards as important, and defining principles to guide how these values are applied provides the foundation for the hospital's future endeavors. The leadership group that embarked on the hospital's strategic planning effort last fall recognized that, if the MGH is to successfully make the changes required by today's health care environment, employees must have a clear sense of the hospital's mission, values and guiding principles.

Strategic
MGH
Planning

"At a time of great uncertainty in health care, the hospital's administration and physicians decided not to just plunge right ahead but to step back and look at who we are and where we

(Continued on Page 2)

Students in the MGH-Timilty Science Connection program proudly display the medals they earned at the Boston Citywide Science Fair.

PARTNERS PROGRESS

Boston South Physicians to join Partners

PARTNERS HealthCare System, Inc. and Boston South Physicians, Inc., a newly formed group of 53 primary care physicians south of Boston, have announced they are involved in discussions that will lead to the physician practice joining Partners' expanding integrated health care delivery network.

Boston South Physicians provides primary care services to patients in Dorchester, Mattapan, Milton, Quincy and other surrounding communities. Under the agreement with Partners, group physicians will continue to provide routine care to area patients. The physicians also will continue to work closely with local hospitals and specialists, as well as Partners' tertiary care providers, the MGH and BWH, to ensure that optimal care is provided in the most appropriate setting.

"We are delighted with the prospect of joining the Partners network following our months of discussion," says Mark Berenberg, MD, president of Boston South Physicians. "Partners offers both our patients and practices the strongest network system available for the long-term.

"Our patients and their families are the real beneficiaries in this relationship," he adds. "They will be able to receive their primary care from the same family physicians they

(Continued on Page 4)

— Guidance for the future

(Continued from Page 1)

want to go," says Catherine J. Robbins, MGH senior vice president for administration and chief financial officer. "It has been said that the goal of strategic planning is not to make the plans but to change the mental models that decision makers carry in their heads."

Samuel O. Thier, MD, president of The Massachusetts General Hospital, explains that the planning group carefully crafted the MGH mission statement *(see box)* to incorporate some crucial new directions. "We specifically mention service to the community as well as to individual patients, and note that our biomedical research efforts must at least in part be directed toward the advancement of patient care. Our educational mission includes preparing a broad range of health care professionals—not just physicians—for careers that may focus on patient care as well as on academic work."

In discussing the core values identified through the strategic planning effort, John Parrish, MD, chief of Dermatology, and member of the strategic planning steering committee, notes, "All of these values are things that we've cared about in the past, but some need to be emphasized more." The new strategic plan emphasizes diversity, accountability, decisiveness, cost effectiveness and entrepreneurial teamwork.

To further detail how the mission and values will be applied, the strategic planning group articulated 10 guiding principles. The group stipulated that a focus on "the needs, convenience and comfort" of patients is the MGH's most important principle. Other principles address such crucial areas as research, education, markets and competitiveness *(see page 3).*

"In facing all of our challenges," says Thier, "our most important principle must be providing compassionate care for our patients." ●

MGH Mission Statement

To provide the highest quality care to individuals and to the community, to advance care through excellence in biomedical research, and to educate future academic and practice leaders of the health care professions.

MGH Core Values

Excellence
Integrity
Compassion
Leadership
Patient Focus
Diversity
Innovation
Scholarship

Accountability and Responsibility
Responsiveness and Decisiveness
Entrepreneurial Teamwork
Cost and Resource Effectiveness

"See one, do one, teach one"

Following a morning of presentations on issues surrounding MGH's ongoing strategic planning initiative, participants practice and evaluate their strategies for communicating planning information throughout the hospital at last week's final strategic planning retreat.

Guiding principles

Mission

The MGH will sustain the synergy among the three components of its mission — patient care, teaching, and research. While patient care is the primary mission, the integration of research and teaching programs is critical in both advancing the quality of patient care and differentiating the MGH as a provider.

- Each component will strive to contribute maximally to the programmatic and financial success of the MGH as a whole.
- Each component will be mutually supportive of the others toward accomplishing institutional goals.

Values

The MGH will retain the core values which have led to its patient care excellence and institutional success. The MGH physicians and executives will together examine the tensions among core values and the values and expectations of patients and other purchasers. The MGH will adapt its organization, and modify components of its delivery system, to meet those expectations.

Patient focus

The MGH is committed to excellence in health care, and places the needs, convenience and comfort of its patients ahead of all other considerations. This care will be effective, efficient, economical and responsive. It will respect and promote patient choice and encourage participation by family and friends in the medical care process. This is our most important guiding principle.

Research

The conduct of both clinical and basic research has been critical in positioning the MGH at the forefront of medicine, nationally and internationally. The MGH will continue to conduct multi-faceted biomedical research programs of the highest quality, emphasizing their application to improve health in the community.

Education

The MGH is committed to the highest quality education of health care providers and biomedical investigators and the development of leaders in those disciplines. The institution must take a leadership role in adjusting existing educational programs and developing new, high-quality educational models to respond to changing health care needs.

Markets

As a full-service medical center within the Partners HealthCare System, the MGH will focus its major resource investments on the development of both a successful integrated health care delivery network to serve the MGH's local community and a regional network.

The MGH will aggressively pursue tertiary and quaternary efforts on a national and international basis.

Competitiveness

- The MGH will develop and maintain innovative, cost-effective systems of academic medicine.
- The MGH will identify, measure, and market the unique quality of its patient care, research and education programs and their synergy.
- The MGH will restructure, reorganize, re-size, relocate, and re-engineer as necessary to be competitive.
- The MGH will aggressively pursue cost reduction programs in order to deliver its patient care, research and education products to purchasers at a competitive price.
- The MGH will make decisions regarding allocation of resources based on an informed judgment of costs and added value.

Human resources

The MGH's workforce is a critical component in its success. The MGH is committed to fostering the highest quality work opportunities for all employees, including fair and safe work environments, and to nurturing career-long growth in knowledge and skills. The MGH also is committed to communicating the information employees need to accomplish their jobs and understand the organizational climate.

Diversity

The MGH is committed to serving diverse patient populations. The MGH will change the composition of its workforce to reflect this commitment. The development of a diverse workforce is critical for shaping the MGH into a creative, competitive and community-responsive health care provider.

The MGH is committed to diversity at all levels of the organization, including the professional and managerial ranks. Leadership will be accountable for achieving this diversity.

The MGH also is committed to developing health care professionals who will become the future leaders in the delivery of effective, patient-focused health care to minority communities on a local and national level.

Decision making

The MGH is a component of the Partners HealthCare System, will be guided by its principles and will coordinate its activities with other Partners entities.

The MGH will have a decision-making process which encourages individuals in supervisory positions to make timely and accountable decisions. Clinical, management, and academic leaders will openly discuss issues and conflicts and seek input from constituencies. However, decisions may not always be made on a consensus basis. Once made, decisions will be communicated throughout the organization.

The GEC [General Executive Committee] is the highest level advisory committee within the management structure of the MGH and therefore must be broadly representative. The GEC will monitor implementation of and compliance with its decisions and recommendations. ●

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Time to spring ahead

Early this Sunday morning, April 2, when the clock chimes 2 am, it will be time to reset it—to 3 am.

Funds available until April 4

April 4 is the application deadline for funds from Friends of the MGH Cancer Center. The Friends support projects or equipment that will improve service to cancer patients and their families. Funds can support printing or other one-time educational expenses, but not personnel salaries or ongoing costs.

Submit all requests in a brief letter, including an itemization of costs, to the Friends of the MGH Cancer Center, CLN-110. Decisions will be made in early May. For more information, call 6-1063.

Donate blood and park free

The MGH Blood Donor Center will offer a day's free parking to every MGH employee who donates blood during April and May. Parking vouchers valid for the garages in front of the hospital may be redeemed at any time. Employees and staff can schedule appointments to give blood by calling 6-8177 or 6-8165.

Women's Connections

Bonnie Michelman, director of Police and Security, will speak at the next meeting of Women's Connections, a career development group for women working at the MGH, April 10, 5:15 pm at Bartlett Extension, 3rd floor, Burr Conference Room. The group provides a forum for members to ask questions and review career opportunities. For more information, leave a message by calling 6-5000, and then dialing 133-5503.

Spring fever

The Red Sox may not play ball this spring, but the MGH Softball League will. Players on the league's six teams are preparing for the start of the 15-game season April 21. Some 100 men and women employees play Friday evenings on the MDC fields near the MGH. Rosters for this year are now being finalized. Those interested in playing can contact Billy Aylward at 4-6523 or Tom Wonders at 6-1727.

— *Boston South Physicians*

(*Continued from Page 1*)

know and trust. But, should highly specialized medical treatment ever become necessary, their doctors are now linked with two of the world's leading medical institutions."

Ellen M. Zane, Network president for Partners, says that Boston South Physicians represents a significant anchor for the Partners network in the near suburbs south of Boston. "We have been very impressed by this group," she says. "These are highly skilled community physicians who are committed to putting their patients' needs first."

According to the MGH's Samuel Kim, MD, who has been active in Partners' networking efforts with the group, "Throughout the discussions, leaders of Boston South Physicians have expressed the group's commitment to being part of a strong system in which the full range of high-quality care — from preventive to tertiary — is available to patients. The group is a terrific addition to the Partners network." ●

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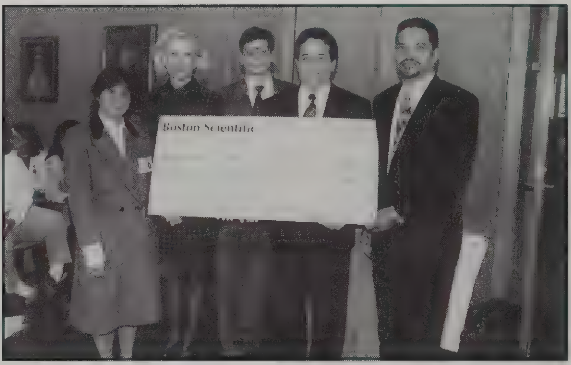
MGH-Timilty Science Connection gets a hefty check



Boston Scientific Corporation, a medical device company in Natick, donated almost $6,000 to the MGH-Timilty Science Connection. The money was raised during a benefit hockey game pitting Boston Scientific employees against Boston Bruins alumni. Pictured at the check presentation are (from left) Andrea Gwosdow, PhD, of the department of Medicine and co-director of the MGH-Timility Science Connection; Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive at the MGH; Peter Hamilton, product engineer, and Richard Demarco, project manager, both of Boston Scientific; and Darren T. Wells, an eighth-grade science teacher at the Timilty School.

April 7, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Mark Pizzelli

Gene therapy offers hope for cystic fibrosis sufferers

As physicians eased a slender tube, called a bronchoscope, down Mark Pizzelli's throat, history was made. Pizzelli was the first cystic fibrosis (CF) patient in New England to receive gene therapy directly into his lungs.

The CF gene therapy study is a joint effort between the MGH and New England Medical Center in collaboration with Genzyme Corp., a Cambridge-based biotechnology company. "I have spent much of my career struggling with this devastating pediatric disease, and I now sense the beginning of the end for cystic fibrosis," says Allen Lapey, MD, director of the Center for Cystic Fibrosis Care and Research at the MGH. "Gene therapy will ultimately provide the control we have sought all these years."

The two-part protocol, approved by the FDA in December 1994, is designed to determine the safety of gene delivery to the lungs of CF patients. Investigators plan to enroll up to 20 patients in each part of the study. If safety is established, more extensive studies will follow to determine gene therapy's efficacy in treating CF patients. Both parts of the safety study include use of an adenovirus vector, a gene delivery system using portions of a disabled common cold virus.

Genzyme's adenovirus vector, which contains the normal CF gene, is administered directly into one lobe of the lung by using a bronchoscope in the first phase of the protocol. The second phase is the first federally approved gene therapy study to include aerosol administration into the lungs. Aerosolization has been used successfully to deliver a number of other drugs to the lungs.

CF is an inherited disease characterized by chronic lung problems and an inability to absorb nutrients properly. Approximately 30,000 Americans suffer from CF, which occurs in one out of every 2,500 births. By delivering gene therapy directly to the lungs, researchers hope to improve lung function. ●

MGH-Timilty School Science Connection students and their MGH mentors were out in force at the Citywide Science Fair March 25 at Boston Latin School, and many of the Timilty students were prizewinners, including Ricardo Cuesta, left, a Timilty eighth-grader who won top honors for his project entitled "Cleft Palate: How Does the Research Compare with the Patients Interviewed?" Other winners were, top right, Sandra Caraballo, with her mentor, Brenda Stewart, RN, MGH organ and tissue coordinator, and Isramil Bautista, bottom right, with mentors David Andrews, MD, PhD, and Janet Connolly of the Blood Transfusion Service. Students from the MGH-Timilty program won three second place awards, three third place awards and one honorable mention.

Cartilage transplant procedure at the MGH first time in U.S.

FOR THE first time in the United States, an MGH surgical team performed a new cartilage transplant procedure March 31. Bertram Zarins, MD, of Orthopædics led the surgical team that took this first step in determining the effectiveness of cartilage transplantation.

The three-part procedure calls for arthroscopically harvesting a small portion of healthy cartilage from the patient's own knee. Over a three-week period, the cartilage cells are cultivated in a laboratory and allowed to multiply. They are then injected directly into the damaged area of the patient's knee during surgery.

The transplant procedure was developed in Sweden, and results on patients were published in the *New England Journal of Medicine* last fall. In all 23 reported cases, the procedure reduced pain, swelling and locking of the knee joint.

According to Zarins, there is currently no treatment method that will repair joint cartilage. If the results hold up over time, he sees the technique as representing a big step forward.

The technique will not be widely available to patients in the United States until physicians have performed a series and can carefully evaluate the results. ●

New painting policy based on need for maintenance

IN A COLLABORATIVE EFFORT to improve efficiency without increasing costs, the MGH Buildings and Grounds and Environmental Services departments have established a new policy to prioritize areas of the hospital to be painted.

Following inspection guidelines developed by Buildings and Grounds, supervisors from Environmental Services now examine and rate MGH facilities according to 16 specific criteria measuring quality and appearance. Inspectors plan to review rooms yearly to determine which areas need to be painted.

Before adoption of the new approach, the painting policy emphasized maintenance of inpatient rooms — freshly painted every three years — over outpatient, research and administrative areas. As facilities expanded, painting inpatient rooms on schedule became increasingly difficult. Despite the hospital's increasing focus on outpatient care, maintenance of outpatient facilities fell even further behind. The new policy rectifies these problems by selecting areas to be painted on the basis of need rather than function.

For further information about the policy, contact Betty Chin at 6-2411 or George MacNeil at 6-5902.

National clinical trials begin for promising bone repair material

A NEW mineral paste for the repair of bone fractures, studied at the MGH, is now undergoing clinical trials at several centers across the country. The substance, called Norian SRS, can be injected into the space between broken bone fragments, where it hardens within 10 minutes to form an internal cast. It also may be able to strengthen bones weakened by osteoporosis and to anchor more securely the screws and plates required to repair more serious fractures. Jesse Jupiter, MD, director of the MGH Orthopædic Hand Surgical Service, and Daniel Rosenthal, MD, MGH radiologist, tested the new material in several patients with wrist fractures. That study's promising results led to the larger national study.

The new material appears to have a particular advantage over other bone adhesives in that it behaves like normal bone tissue inside the body. The cells that naturally break down and rebuild bone in a continuing process of renewal also act upon the hardened paste. Within a few months the rebuilding process replaces the adhesive with new, normal bone tissue. The national trial is part of the FDA approval process for the new material, which also has been used in Sweden and the Netherlands. If successful, Norian SRS could considerably reduce the pain, disability and inconvenience experienced by fracture patients. ●

WHAT'S HAPPENING

National Library Week

Celebrate National Library Week at Treadwell Library April 9 to 15 by taking a class or scheduling a tour of the library's facilities. Each of the 50-minute classes listed below is free of charge and held at the library, Bartlett Hall Extenstion, 1st floor.

Bibliographic Management Software
Organize your information files [illegible] you can find reprints easily [illegible] efficiently. Monday, April 10, 3:30 pm.

CINAHL-CD
Search nursing and allied health literature on a CD-ROM. Wednesday, April 12, 3 pm.

Colleague MGH
Search MEDLINE and other biomedical databases online. OVID class, for new or infrequent searchers, Wednesday, April 12, 10 am. Colleague class, for those familiar with search basics, Tuesday, April 11, noon.

Gopher
Navigate the MGH Gopher for access to MGH information as well as resources on the Internet. Thursday, April 13, noon.

Space is limited in all classes, so to reserve your place, or to schedule a group or individual library tour, call [illegible]600.

Walk for fitness

Walking is a great way to stay fit, reduce stress and enjoy the outdoors. The MGH Walking Program, sponsored by the Employee Exercise Program, resumes this summer. A certified fitness instructor will take participants through the Reebok Bodywalk Program. The program increases the intensity of a walking workout by engaging more muscle groups and increasing walking speed, resulting in heightened cardiovascular benefits. For more information or to sign up, contact Donna Cutillo at 6-2014.

Holy Week and Passover

The MGH Chaplaincy will offer the following in observance of Holy Week and Passover:

Holy Week
Monday to Wednesday, April 10 to 12
Prayer Service, 12:15 pm
Catholic Mass, 4 pm

Holy Thursday
April 13
Prayer Service and Protestant Communion, 12:15 pm
Catholic Mass, 4 pm

Good Friday
April 14*
Prayer Service, 12:15 pm
Catholic Service, 4 pm

Holy Saturday
April 15
Easter Vigil Mass, 4 pm

Easter Sunday
April 16
Protestant Service, 12:15 pm
Catholic Mass, 4 pm

Passover
Video presentations on Passover will be broadcast on MGH TV, Channel 16, at 5 pm, Friday, April 14, and Saturday, April 15.

*** Regularly scheduled Friday Muslim prayers will be held as usual at 1 pm April 14.**

Asian Heritage Week

The MGH will observe Asian Heritage Week May 15 to 19, with cafeteria meals featuring Asian food and an Asian Festival. Employees of Asian descent wishing to contribute to the activities or to have their photo and biographical information featured in displays should contact Barbara Holland, director of Diversity, at 6-5741. More information on Asian Heritage Week will appear in future issues of *Hotline*.

Toastmasters meetings

Through participation in the Toastmasters Communication and Leadership Program, individuals from all backgrounds learn effective public speaking, how to conduct a meeting, and how to lead, delegate and motivate. The next meetings of the General Speakers Toastmasters chapter will be April 10 and April 24, in the East Cafeteria on the Main Campus. The meetings are open to anyone. For more information, call Reem Jabr at 6-4364.

Sickle cell disease

New developments in the treatment of sickle cell disease will be the subject of the annual patient education symposium of The Friends of Hematology-Oncology, a patient-run group based at BWH. Kenneth Bridges, MD, co-leader of the new joint MGH-BWH sickle cell program, will be the featured speaker at the May 3 meeting in Bornstein Amphitheatre at BWH. Everyone is invited, and those planning to attend should call Jane Carey at 732-6784.

Fund for children with cancer

Although Dana Ulness, the 3-year-old MGH patient who battled neuroblastoma for two years, died in February, a fund established in his name remains active. Initially conceived to help Dana's family with expenses associated with his illness, the Dana Ulness Fund now supports other families with children coping with cancer. For more information, contact Susan Zigelbaum, MSW, at 4-5858. Donations may be sent to the attention of Kathleen Boudreau, c/o the Dana Ulness Fund, Medford Savings Bank, P.O. Box 151, Medford, MA 02155.

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April 7, 1995

MGH HOTLINE

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Janet Connolly, compliance officer in the Blood Transfusion Service, recently toured blood banks and hospitals in Russia, Poland and Hungary. The trip was sponsored by People to People International, a private institution dedicated to facilitating peace through professional exchange.

Helen Doherty, RD, director of Dietetics, was elected to the Board of Directors of the Dietary Managers Association's National Education Foundation in February.

In recognition of her work on "Cost-effective Medical Nutritional Therapy for Patients with Hypercholesterolemia," **Mary McGehee, RD,** a clinical dietician in the Department of Dietetics' Ambulatory Nutrition Services, received the Outstanding Young Researcher Award from the Research Practice Group of the American Dietetics Association in October 1994.

John Gaida, presently vice president of Support Services at BWH, will assume the role of director of Materials Management for Partners. He will continue as vice president at BWH.

Gaida's immediate responsibility for Partners is to coordinate the review of the RFP (request for proposal) responses regarding distributor/manufacturing contracts. Once the definition of these new alliances is established, Gaida will work with each hospital's materials department to define which structures and functions will allow for the best delivery of services to patient care and research areas. The goal is to save a substantial amount through these efforts.

In the interim, all present internal structures and functions of Materials Management departments at each institution will remain in place to serve departmental and patient needs, and customers will see no change in the delivery of services. Those with questions can call Gaida at 732-6843.

[illegible]

February 26 - Alexandra Adams, MSW, appeared on WZLX's Sunday morning public affairs program to discuss teen and adolescent violence prevention.

March 27 - WBZ-TV Channel 4 interviewed **Michael Jenike, MD,** of Psychiatry about obsessive-compulsive disorders.

March 24 - Local and national media outlets interviewed **Jesse Jupiter, MD,** of Orthopædics regarding a study that discussed a new "bone paste" that is used to repair broken or fractured bones without surgery. *(See story on Page 2)*

March 28 - WCVB-TV Channel 5 interviewed **Arthur Sober, MD,** of Dermatology for an evening news segment on treatments for malignant melanoma.

March 31 - Bertram Zarins, MD, of Orthopædics, was interviewed by multiple media outlets including *The Boston Globe, The Wall Street Journal,* and Channels 4, 5 and 7 regarding the first cartilage transplant surgery in the United States. Media also interviewed the patient, Richard Adams, before his surgery. *(See story on Page 2)*

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A taste of the Southwest at the MGH

The MGH Dietetics Department marked National Nutrition Month this March with the 12th Annual Snack Day. This year's treat, tortilla chips and pineapple papaya salsa, went to more than 4,000 patients, employees and visitors at the MGH March 24. Standing from left, Kristie Arneaud, nutrition services coordinator, and Sharon Darak, RD, clinical dietitian, deliver the heart-healthy treat to Ellison 11 patient John Sexton.

April 14, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Patients' feedback to direct MGH improvement efforts

There was a time when the MGH could rely upon its medical prowess alone to draw a steady stream of patients to fill its beds. Patients would put up with the hospital's warts — such as the outdated Baker Building — to benefit from its world class care. That no longer holds true.

"Today's patients don't measure their hospital experience on medical outcome alone," says Elizabeth Mort, MD, of the General Internal Medicine Unit and the Clinical Care Management Unit (CCMU).

To find out exactly how patients rate certain aspects of their hospital stay — and how the MGH compares to other hospitals — the Continuous Improvement Steering Committee launched an effort to survey inpatients about their satisfaction with care and service at the MGH. Jeff Davis, senior vice president for Human Resources and Continuous Improvement, and Peter Slavin, MD, senior vice president and chief medical officer, have been working closely with Mort and Carolyn Cigarroa, project manager in the CCMU, to implement the survey.

Each quarter a survey is mailed to 1,200 randomly selected inpatients eight to 12 weeks after they are discharged. It asks them more than 70 questions about their hospital stay, from admission to discharge and beyond to billing. The Nashville Consulting Group (NCG) is helping coordinate the effort.

The survey is designed to measure quality of care from the patients' perspective. Those measures will be considered when decisions are made about improvement projects.

"The administration is committed to using the survey as a

(Continued on Page 3)

Giving the gift of life — twice

Forty-one-year-old Linda Routhier leads a perfectly healthy, normal life in North Yarmouth, Maine. But, on April 5, she entered OR 42 at the MGH to undergo an extraordinary medical procedure. For the second time in three years, the wife and mother of two donated her bone marrow to Richard Altgilbers, a 33-year-old cancer patient in Highland, Ind. Complete strangers until a year and a half ago, they now consider one another "family."

It is very unusual for the donor and recipient to ever meet, according to Lisa Amicone, manager of the New England Marrow Donor Program (NMDP). This can take place only after one year has passed since the transplant. Each party must sign a written consent form expressing their wish to meet the other, and their case must then be approved by an anonymous review board before any information can be released.

At the time of the first transplant, the identities of both the marrow donor and recipient were kept confidential.

Altgilbers had been diagnosed with leukemia in 1991, just as he, his wife and one-year-old son prepared to celebrate Thanksgiving together. His self-described terror turned to hope early in 1992, when he learned a matching bone marrow donor had been found.

Routhier was identified through the National Marrow Donor Program, an organization that matches transplant patients with prospective donors throughout the country. A year earlier Routhier had seen a young woman's televised plea for a marrow donor and had the required blood test to determine compatibility. Although she was not a match, Routhier added her name to the National Bone Marrow Registry, which today consists of nearly 1.5 million potential donors.

(Continued on Page 4)

In an MGH operating room, Linda Routhier prepares to donate bone marrow.

Spreading the word about strategic planning

On his second day as administrative director of MGH-Revere Health Associates, Robert Johnson joined medical, nursing and administrative staff in a crowded conference room to discuss the future of the MGH. Over pizza and soft drinks they listened as Roger Pasinski, MD, medical director; Michael Nathan, MD, unit chief of Internal Medicine; and Jo Birdsey, MSN, CS, unit nurse leader, together delivered a presentation on the ongoing MGH strategic planning effort. Pasinski conveyed the underlying message: "The MGH is changing to succeed in a revolutionized, intensely competitive health care market. We should and will actively participate in these changes."

Taking turns at the overhead projector, the speakers described a rapidly changing health care environment increasingly dominated by managed care and capitated payment systems. "Partners HealthCare System, Partners Community HealthCare and the Massachusetts General Physicians Organization are all part of the MGH's commitment to rethinking and reorganizing the existing system of health care delivery," explains Nathan. "This reorganization is critical to the future success of the MGH."

Strategic
MGH
Planning

MGH-Revere Health Associates staff discuss the future of the MGH at a strategic planning information luncheon.

Paralleling the overall MGH strategic planning initiative, Revere Health Associates, scheduled to relocate within Revere this summer, is currently formulating plans to improve and expand. "The new site, strategically positioned between Winthrop and Lynn to capture a larger patient base, is designed for efficiency," says Pasinski. "At a time when the hospital's boundaries are extending to include more of the surrounding communities, Revere hopes to be a working model for future MGH-affiliated primary care units."

The MGH values delineated early on in the strategic planning process — excellence, integrity, compassion, leadership, patient focus, diversity, innovation, scholarship, accountability and responsibility, responsiveness and decisiveness, entrepreneurial teamwork, and cost and resource effectiveness — serve as the basis for Revere Health Associates' planning. "We are looking for new, creative approaches to patient-focused care, perhaps our most important value," explains Birdsey. "Diversity is also particularly relevant to us. From 1980 to 1990, censu[illegible] data indicates that the proportion of minorities living in Revere increased from 1.54 to 9.01 percent. Our practice needs to reflect the diversity of the community we serve."

The Revere Health Associates' gathering is just one among many strategic planning meetings currently being conducted throughout the MGH community. "Periodic discussion will follow to update and broadly include staff in the strategic planning process," says Pasinski.

Whether the focus of a monthly staff meeting on Merrimac Street, grand rounds in the Bigelow Amphitheater or a luncheon in Revere, strategic planning information is swiftly traversing MGH lines of communication to reach employees. These discussions have emerged from a series of retreats for MGH leadership held in March, in which department heads, nurse managers and unit chiefs were charged with informing, engaging and aligning the entire MGH community with goals set by the strategic p[illegible]ning process. ●

— Patients' feedback to direct MGH improvement efforts

(Continued from Page 1)

continuing quality improvement tool for the hospital," says Cigarroa. "We hope the survey results will pinpoint areas for improvement teams to work on."

The initial survey results from patients discharged during May, June and July 1994 came back from NCG in January.

"According to the data, things like consideration, coordination, getting information and sensitivity are very important to patients. These aspects of care are clearly multidisciplinary. They're how patients experience their daily care," says Mort. "These components of daily care are the polish of the institution — the polish we all can present when [illegible]nteract with patients."

Survey results are initially analyzed by NCG, which then forwards the raw data to the CCMU for further analysis.

"As soon as we get the data we report it to service chiefs, department heads and other MGH leadership so they can disseminate it to their staffs," Mort says.

As the database expands, the CCMU will be able to run more detailed analyses.

"When we determined which patient populations to survey and how, we included coded demographic, diagnostic and procedural information. This enables us to perform additional detailed analyses as requested by individual services as our sample of respondents grows," [illegible]rroa says.

The goal of the survey effort is to have quality improvement teams use the data as a yardstick for monitoring the success of their efforts from the patients' perspective.

For now, according to Mort, the early results say one thing loud and clear: "No matter what their capacity, any MGH employee or staff member who interacts with patients can make a difference and can improve the patients' experience at the MGH."

Watch future issues of Hotline for more on patient satisfaction survey results and how they are being used to guide improvements at the MGH. ●

the patient's voice

The MGH asks patients to rate their hospital experience in these areas:

- **Admission:** efficiency, preparation, attention to patient needs
- **Daily care:** consideration, coordination, helpfulness and cheerfulness, sensitivity
- **Information:** ease of obtaining information, instructions, informing family and friends
- **Nurses:** skill, attention to patient condition, response to calls, concern and caring, communication
- **Doctors:** attention to patient condition, availability, concern and caring, skill, communication, coordination
- **Other staff:** how well employees in the following areas do their jobs: housekeeping, laboratory, radiology, physical therapy, transportation, IV nurses
- **Living arrangements:** privacy, condition of room, supplies and furnishing, restfulness of atmosphere, quality of food, signs and directions, buildings, parking, provisions for family and friends
- **Discharge:** procedures, instructions, coordination of care
- **Billing:** explanations of costs and payment procedures, efficiency
- **Looking back on care:** quality, outcome, hospital image
- **Overall satisfaction:** The survey asks patients to gauge overall satisfaction via these questions: Have you bragged about your care? Would you recommend the MGH to family or friends? Would you return to the MGH if you need hospitalization again?
- **Open-ended questions:** The survey also sought responses to these open-ended questions: What areas at the MGH need improvement? Did you receive any good or bad surprises during your stay?

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Tours! Tours! Tours!

The Inpatient Psychiatry Unit, the last inpatient unit in the Bulfinch Building, is moving to Blake 11. The MGH community is welcome to see the new unit during an open house April 19, 10 am to 4 pm. Tours and refreshments will be provided.

Save these dates

National Secretary's Day will be April 26. Bring Our Daughters/Children to Work Day will be April 27. Look for more information in future issues of *Hotline.*

National Laboratory Week

The Clinical Laboratories are celebrating National Laboratory Week with a free cholesterol test for MGH and MEEI employees April 19 in the WACC Lobby, 7 am to 3:30 pm.

Donor Awareness Week

MGH's National Organ and Tissue Donor Awareness Week activities, April 16 to 22, will provide printed information about transplants and a chance to meet transplant candidates and recipients. Information tables will be in the WACC Lobby 10 am to 2 pm, Monday, Tuesday, Thursday and Friday and in the Main Cafeteria Wednesday, 10 am to 2 pm. There also will be a panel discussion entitled "Patient-Focused Care: Donation in the 90s" Thursday, 2 to 4 pm, in the BWH Bornstein Amphitheater. For more information, call Brenda Stewart, RN, MGH Organ and Tissue Donation Coordinator, at 6-9220.

Show off your talent

The 1995 Cultural Diversity Festival is slated for June 30. MGHers representing a cross section of cultures are encouraged to get involved. Those interested in performing or helping with entertainment can call Denella James at 6-5800, or send a note to her at Bulfinch 126 by April 21. To enter the recipe contest, contact Sharon Solomon at 6-8535, or send recipes to her at WACC 520 by May 1.

Tired of feeling stressed?

Learn stress reduction techniques at a free seminar sponsored by Employee Assistance, April 18, noon to 1 pm, Bartlett Extension, 3rd Floor, Burr Conference Room 5. Space can be reserved by calling 6-6976.

Stopping along the way

The shuttle from the MGH to BWH now includes a stop at the Prudential Center, location of Partners HealthCare System administrative offices. Arrival and departure times depend on traffic and weather conditions, but the shuttle generally reaches the Prudential Center 15 minutes after leaving the MGH or BWH. Shuttle service begins at the MGH at 7:30 am, arriving and departing every hour on the half hour until 5:30 pm. Shuttle service from BWH begins at 8 am, arriving and departing every hour on the hour thereafter until 6 pm.

The shuttle stops at the MGH in front of the security booth between the White Building and the WACC and at BWH at 15 Francis Street (corner of Huntington Avenue and Francis Street). Comments or questions about the MGH/BWH shuttle service may be directed to John Donovan at 6-2250.

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— Giving the gift of life — twice

(Continued from Page 1)

In May 1992, she was identified as a match for a then unnamed patient (Altgilbers) and agreed to serve as a donor. She was admitted to the MGH, which is a designated NMDP Collection Center, and nearly one liter and one half of her bone marrow was extracted, placed in a cooler and shipped to the waiting recipient.

Altgilbers did well for the year following the transplant, and at about that time, both donor and recipient independently signed the consent forms, hoping to meet. They met face-to-face in Indiana a few weeks later. Altgilbers' wife, Lily, describes the "reunion" as overwhelming. "Rich wouldn't be here today if it wasn't for Linda," she says. "Linda's given him three more years of life."

In recent months, Altgilbers relapsed and required light chemotherapy, leaving him in need of a bone marrow booster. Enter Linda Routhier — again.

"I feel a little selfish," she said, and smiled as she sat in the pre-op area last week. "Being able to help someone like this makes me feel so rewarded. I have an inner glow that never leaves."

Once again she shared that inner glow with a now dear friend, who she called and wished well as he waited for her bone marrow — grateful and hopeful — in a Midwest hospital. ●

April 21, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Curbside to bedside in 10 minutes

CLARA COHEN, 63, stepped into the MGH's Admitting Office April 6 at 11:15 am, and in just five minutes she was heading toward her room on White 13. Cohen was one of the first patients to arrive at the MGH after the implementation April 4 of the Expedited Front-Door Admissions Program, designed to enhance the admitting process for elective patients. The new system has decreased the average time from curbside to bedside from 2 hours 24 minutes to 10 minutes.

"The admitting process was wonderful," says Cohen. " I didn't have to run around to Cardiology and Hematology, and I got to my room without being tired. In the past, I've come to Admitting at 11 in the morning and not gone to my room until 2 in the afternoon. That's a long time to hang around. The new system is delightful."

In a recent satisfaction survey only 34 percent of MGH patients rated the admitting process as excellent, indicating room for improvement. The concept behind the improvement effort is to apply the best admitting practices more broadly so more patients benefit.

"The Expedited Front-Door Admissions Program provides an opportunity for people at the MGH to demonstrate what it means to have a patient-focused attitude," says Richard R. Crater, MGH chief executive officer. "This program illustrates that hospital leaders, employees and staff will listen to what patients tell us and quickly identify and execute solutions that address those concerns."

The program requires that Admitting

(Continued on Page 2)

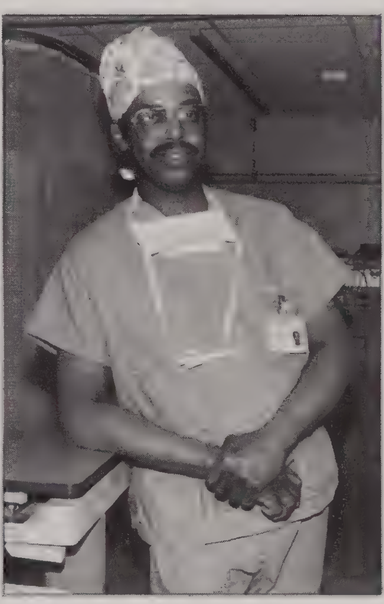
MGHer helps hiker in distress

WHEN GEORGE DAVIS WENT FISHING at a local reservoir last month, he found more than fish. As Davis, a surgical technician in the Surgical Day Care Unit, walked from his car to one of his favorite fishing spots, he heard cries for help. Investigating, he soon came upon a hiker who had injured her leg. She had been stranded for almost five hours.

According to Davis, the hiker's knee was injured so he didn't attempt to move her. Instead, he went back to his car and drove to the nearest fire station to get help. After an hour, the woman was on her way to an area hospital for treatment.

Davis, who takes little credit for saving the hiker, says, "I just did what I needed to do." He did not leave his name or talk to reporters who were covering the event. Instead he went fishing.

Those who know Davis say his actions that day were typical of his nature. "Because of George's unassuming, quick and caring response," says Kathryn Bowse, RN, staff nurse in Operating Room Nursing, "I've been reminded once again that within ordinary events are extraordinary people."



George Davis, surgical technician

One call accesses laboratory information

WITHOUT PRACTICE, pronouncing *Pseudomonas aeruginosa* is not easy for most people. So to prepare for the start-up of the Clinical Laboratory Phone Information Center, customer service representatives listened to audiotapes listing names of organisms commonly found in patient specimens.

For weeks before the center's opening March 14, phone representatives could be spotted carrying training manuals thicker than the Boston Yellow Pages and containing information the representatives need to build their knowledge about all areas of the MGH Clinical Laboratories and to bolster their customer service and phone skills.

(Continued on Page 3)

BWH NEWS

BWH names new board chair
In March the BWH Board of Trustees elected Jack Connors, Jr., its chairman. Connors, the chief executive of New England advertising agency Hill Holliday, Connors, Cosmopoulos, Inc., has served on the BWH board since 1992. As chairman, Connors will preside at all meetings of the hospital corporation, Board of Trustees and Executive Committee. He will lead the board, which has the responsibility for the governance of BWH's mission and finances.

BWH physician organization becomes a reality
The active medical staff at BWH voted overwhelmingly in March to establish the Brigham and Women's Physician Hospital Organization (BWPHO). The new entity will manage care and administer contracts negotiated by the new integrated health care system being built by Partners Community HealthCare, Inc. In addition, the BWPHO will be responsible for the negotiation and subsequent administration of certain risk contracts. The new entity will be incorporated this month.

— *Curbside to bedside in 10 minutes*

(Continued from Page 1)

staff contact patients before they arrive at the hospital to collect administrative and clinical information, establish an arrival time and answer patients' questions. Once at the hospital, patients bypass the Preadmission Clinic and receive necessary testing — from Phlebotomy and ECG services — directly on inpatient units.

"By reducing waiting time by two hours and bringing services to patients in their rooms, we improve their experience," says project leader Jean Elrick, MD, Anesthesia. "The program also reduces demands on limited Preadmission Clinic resources, frees up Admitting staff to assist other patients and helps us anticipate language and mobility needs of patients before they arrive."

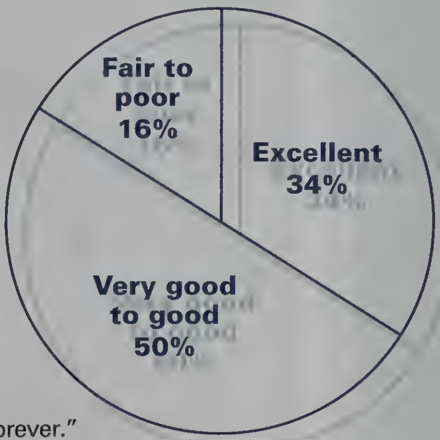
Cardiac surgical patients currently are excluded from the program because of their early arrival times. Patients arriving after 12:30 pm are still being routed through the Preadmission Clinic because of limited afternoon testing services on inpatient units. The program, however, will expand as these limitations change.

"For the MGH community, the admitting process improvement serves as a model for other hospitalwide efforts," says Crater. "People throughout the institution are being asked to identify areas in need of change. The success of this effort shows us all how much we can improve the way this hospital works." ●

the patient's voice

TO DATE, results from the Patient Satisfaction Survey indicate that the Expedited Front-Door Admissions Program was well targeted. Among other items, the survey asks patients to rate the efficiency of the MGH admitting process. This chart represents responses of surveyed patients admitted electively through the standard admitting process May to July 1994.

Efficiency of (elective) admitting procedure



Below is a sample of admitting-related responses patients gave when asked to "Please tell us what the hospital could do to improve the quality of the care and services that you received."

"Standard admission too slow, too cattle-truck-like, waiting, waiting, waiting for tests."

"Front-door admit was great, surgery day care admission was great."

"Tests and x-rays before admittance took forever."

— One call accesses laboratory information

(Continued from Page 1)

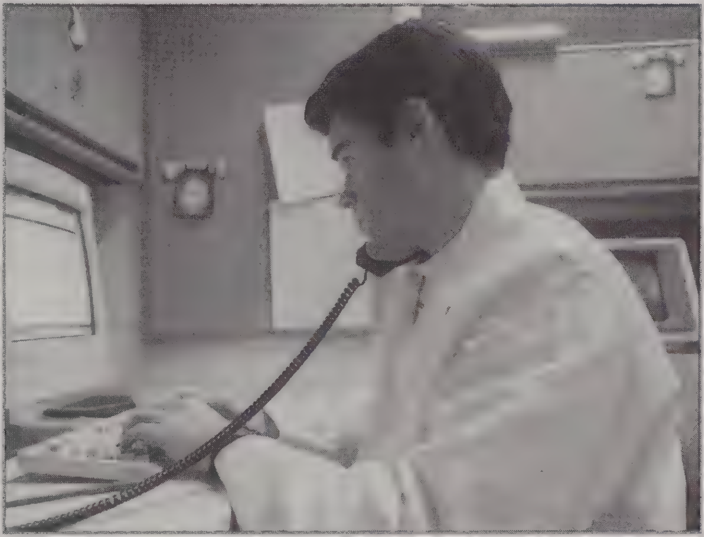
"When we first had the idea to streamline access to MGH clinical lab information, we knew we had to invest in training for our staff to provide an efficient, useful service," says Ann Marie Bitzer, assistant lab administrator and leader of the Information Center project. "With Training and Organizational Development, we created a curriculum that included the customer service training that everyone in the hospital will receive and combined it with training specific to laboratory information."

Through the Clinical Laboratory Phone Information Center at 4-LABS (4-5227), MGH and referring clinicians and their staffs can access patient results, receive general information about lab tests and arrange for clinical pathology consultation 24 hours a day. Previously, accessing information meant several calls to separate lab areas.

"We know that clinicians are our customers, and we want to provide the very best service," says Marilyn Damon, chief technologist in the Phlebotomy Department and coordinator of the training effort. "The training manual could have been daunting, but people rose to the challenge and seemed proud to be considered capable of mastering the information in the binder. The manual became a symbol of achievement."

At the Phone Information Center on Gray 5, representatives retrieve information from two computers, one hooked up to the Patient Care Information System and another linked to the Microbiology Laboratory.

By dialing 4-LABS (4-5227) clinicians and their staffs can access patient results, receive general information and arrange for clinical pathology consultation 24 hours a day.



Ken Dupuis, a customer service representative in the Clinical Laboratory Phone Information Center, answers a caller's questions.

"It can be a challenge to juggle everything, but working at the Phone Information Center is fun. It keeps you on your toes," says Ken Dupuis, one of nine customer service representatives who work part time in the Information Center and part time as phlebotomists or Clinical Lab assistants. "With all of the changes at the hospital and the emphasis on customer service, working the phones is a great opportunity to enhance skills and get a broader insight into the workings of the hospital."

It also gives some employees the chance to practice pronouncing some unusual words. ●

PARTNERS PROGRESS

Partners and Blue Cross and Blue Shield of Massachusetts (BCBSMA) recently hired **Elizabeth K. Glaser** to plan and implement the joint efforts they announced in January. Initial projects include the development of a Medicare risk product, joint staffing of four BCBSMA health centers, and the development and integration of information systems technology. Glaser most recently worked for Pathway Health Network (formerly the New England Deaconess Hospital System), where she was responsible for network development and managed care. She holds a master's degree from Harvard Business School.

John Burt, LPN, dies at 51

John "Jack" Burt, LPN, an MGH employee for 22 years who most recently worked on Bigelow 14, died at the MGH April 7 at age 51. A service in his memory will be held at the MGH Chapel April 26 at 2 pm. A reception will follow.

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4-MENU

The Department of Dietetics has made finding favorite menu items easy. The daily menu for the General and WACC cafeterias are available by calling 4-MENU (4-6368). The menus are updated daily at 6:30 am.

Employee Health provides 24-hour access

On April 1 the Employee Health Service (EHS) began providing access to care 24 hours a day. If an employee is hurt while on the job during an evening, night, weekend or holiday shift, an EHS nurse will be available to discuss the situation immediately. The EHS nurse on-call can be paged by dialing 6-2217, then pressing "0." The nurse will help determine whether there is a need for immediate evaluation and treatment. Then the EHS nurse will either return to the hospital to provide care directly, refer the injured employee to the Medical Walk-In Unit or Emergency Department, or arrange for a follow-up in the EHS Clinic the next business day. For information, call 6-2240.

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Wendy Matarazzo
Jeff Wdow
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Extension 6-2206
FAX 6-7475

Celebrate Secretaries Day

In appreciation of their dedication and in celebration of National Secretaries Week, secretarial and support staff are invited to a buffet luncheon April 26, 11:30 am to 2:30 pm, on the first floor of the Trustees House. RSVP to Cecile Fanti in Administration at 4-2178 or Beverly Dammin in Human Resources at 6-1701.

The General Store and Flower Shop are accepting flower orders for National Secretaries Week, and staff at the store are available to wrap gifts. Delivery will be available within the hospital and surrounding campus areas. To place orders, call the Flower Shop at 6-4500 and The General Store at 6-2227.

Bring Our Daughters/ Children to Work Day

On April 27 the MGH will help celebrate the third annual Bring Our Daughters/ Children to Work Day. Originally designed to encourage girls to explore a wide range of careers, the program is open to all children, ages 9 to 13. MGH employees interested in participating are encouraged to check with their supervisors to make sure it would be appropriate to bring an "assistant" to work. For more information, call Barbara Holland at 6-5741.

Women needed to evaluate video

Women who have had benign uterine conditions are being sought to help evaluate a video being considered by the hospital's Medical Practices Evaluation Center. Participants who have been diagnosed with a non-cancerous uterine condition such as fibroid, abnormal bleeding or chronic pelvic pain will receive a small stipend. The next viewing time is April 25, 5:30 to 6:30 pm. Call Diane Shirly at 4-4646 or Nancy Leahy at 4-4643 for more information.

ALS research update seminar

The local chapter of the Amyotrophic Lateral Sclerosis (ALS — Lou Gehrig disease) Association will sponsor an update on studies of potential new treatments. Among the speakers will be Robert Brown Jr., MD, the MGH researcher whose team discovered the ALS gene in 1993. The free seminar, open to the public, will be April 30, 1 to 4 pm at CNY. For information, call Barbara Mahoney at 245-2133.

Toastmasters meetings

Through participation in the Toastmasters Communication and Leadership Program, individuals from all backgrounds learn effective public speaking, how to conduct a meeting, and how to lead, delegate and motivate. The next meeting of the General Speakers Toastmasters chapter will be April 24, 5 to 6 pm in the East Cafeteria on the Main Campus. Meetings are open to anyone. For information, call Reem Jabr at 6-4364.

Insomnia study

Insomnia, or chronic sleeplessness, is common. Those who have difficulty sleeping, take a long time to fall asleep or wake up in the middle of the night may be eligible for a study examining the effectiveness of a new treatment medication. Participants will receive a free evaluation and, if eligible, free treatment. Those interested should call Kate at 6-8726.

Imaging in the life sciences

The Countway Library at Harvard Medical School and the Massachusetts Medical Society present their annual meeting, Info-Fair '95 — Future Focus: Imaging in the Life Sciences, April 27, 9 am to 4:30 pm, and April 28, 9:30 am to 4:30 pm, at the Countway Library of Medicine. For information, call 432-2142.

April 28, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The MGH wins negligence suit

IN CERTAIN SITUATIONS, regardless of what a patient's family may want, heroic measures that serve only to prolong the process of dying may be inappropriate and even harmful to the patient. That was the decision a jury reached April 21, in a negligence suit brought against the MGH and two of its physicians by the daughter of a patient who died at the hospital.

Edwin Cassem, MD, chief of Psychiatry, G. William Dec, MD, of the Cardiac Unit, and the hospital were accused of not doing enough to help keep the patient alive. Catherine Gilgunn, 72, was in poor health when she was hospitalized for a broken hip in June 1989. While hospitalized, Gilgunn suffered seizures that left her comatose and irreversibly brain damaged. She gradually lapsed into a vegetative state. Because her chances for recovery were judged to be nonexistent with or without treatment, her physicians consulted the MGH's Optimum Care Committee (OCC), an advisory body that helps answer questions about medical

(Continued on Page 3)

In the news

Wednesday, May 3
Luanda Grazette, MD, a third-year resident at the MGH Chelsea Memorial Health Center, will be featured in "Making of a Doctor," a two-hour *"NOVA"* special that follows seven doctors through medical training. The show airs on WGBH, Channel 2, at 9 pm.

New Hematology, Oncology director arrives

BRUCE CHABNER, MD, an international leader in developing new treatments for cancer, joined the MGH as director of the Division of Hematology and Oncology in the Medical Service and clinical director of the MGH Cancer Center. He is the former director of the Division of Cancer Treatment at the National Cancer Institute (NCI).

John Potts, MD, chief of the Medical Service states: "We are delighted to have recruited Dr. Chabner after a several-year search for an outstanding leader to head the division. He combines great skills as physician and clinical investigator with considerable national stature as a spokesman on issues relating to both patient care and clinical research."

Kurt Isselbacher, MD, director of the MGH Cancer Center, agrees. "The MGH is very fortunate to have recruited one of this country's most outstanding oncologists," he says. "Among his objectives will be developing new, more effective and less toxic anticancer agents."

Bruce Chabner, MD,

Expressing enthusiasm for his new position, Chabner cites both the MGH's world leadership in cancer research and its outstanding patient care. "In addition to its premier position as a research center, the MGH retains its reputation as a hospital where physicians, nurses and staff are personally committed to patients' care," he says. "I've been very impressed with everyone I've met here."

Over the past 20 years, Chabner says, research advances have led to steady progress in improving the outlook for cancer patients. The discoveries made by today's researchers promise even greater improvements.

"In the past, cancer treatment depended on drugs that took a relatively crude and unsophisticated approach to stopping DNA synthesis," he explains. "With the new understanding of how the body's chemical signals control cell growth, we hope to develop new compounds that are less toxic and are specifically targeted to cancer cells."

Cancer genetics also will become a more powerful tool in the future, he adds. "Probably the most effective approach is to determine who is most likely to develop cancer and then find ways to prevent a tumor's development or to detect it early enough for successful treatment."

(Continued on Page 2)

Strategic
MGH
Planning

At last month's strategic planning retreats, participants heard answers to challenging questions about the past, present and future management of the MGH. Here are some examples:

Q: We keep hearing that the MGH needs to decrease costs and that layoffs are likely. At the same time, new layers seem to be accumulating in the MGH senior ranks. Isn't this contradictory?

A: *Actually, what may seem contradictory at first really isn't. The MGH will, in fact, need to cut costs — our target is by 20 to 30 percent. Like most academic medical centers, the MGH is currently overbedded, overpriced and overspecialized. Our new Operations Improvement Task Force is addressing these concerns and will implement strategies to increase our competitiveness in the changing market. Although there are no immediate across-the-board layoff plans, we will operate with fewer employees and staff in the future. We will simplify and consolidate job categories and move services closer to the patient.*

At the same time, to position the MGH for future success, we must invest in people with the expertise to help us formulate and carry out key strategies. As we approach a new, competitive era of health care, distinguished by managed care and capitation, we will look within and beyond the borders of the MGH for qualified individuals to help steer us through the difficult challenges that lie ahead.

— Richard R. Crater, CEO of the MGH

Q: As managed care and capitated payment systems become increasingly dominant, how do we plan to provide good care with limited resources?

A: *The MGH and BWH formed Partners to develop an integrated, cost-effective network. By coordinating care across a continuum of services, ranging from home care to highly specialized inpatient care, the Partners network can deliver high-quality care in the most cost-effective location, lowering overall costs across the system. By emphasizing prevention and chronic disease management, Partners also can avoid certain costly episodes of illness.*

— Peter L. Slavin, MD, senior vice president and chief medical director of the MGH, medical director of the Massachusetts General Physicians Organization and interim medical director of Partners Community HealthCare, Inc.

— New director

(Continued from Page 1)

During 26 years with the NCI, Chabner played a critical role in developing and determining the safe use of several key chemotherapy agents. He and his colleagues also have helped define how tumors become resistant to certain drugs.

As director of cancer treatment for the NCI Chabner oversaw funding of major research programs across the country and has been a leading spokesman for speeding the drug-approval process for diseases such as cancer and AIDS. A graduate of Harvard Medical School, Chabner served as an intern and junior resident at BWH. He completed his senior residency at Yale-New Ha[illegible] Medical Center and received oncology training at NCI. ●

MORE THAN 350 members of the MGH and Greater Boston communities established and strengthened professional contacts at an Alliance of MGH Minority Professionals' (AMMP) networking session at the Bay Tower Room April 21. Committed to the advancement, retention, recruitment and development of minority professionals into leadership roles, AMMP is sponsoring a diversity job fair May 25 from noon to 7 pm under the Bulfinch Tent. The fair will provide another chance for MGHers and the Greater Boston community to learn about career opportunities at the MGH, Spaulding Rehabilitation Hospital, the MGH Institute of Health Professionals, McLean Hospital and BWH.

IN GENERAL

"The Importance of Self-Efficacy Expectations in the Elderly Recovering from Coronary Artery Bypass Surgery," by **Diane Carroll, RN, PhD,** of Medical Nursing, was published in the January-February issue of *Heart and Lung*.

The University of Pittsburgh in February established the Henry J. Mankin Chair in Orthopædic Surgery in honor of **Henry Mankin, MD,** chief of Orthopædic Surgery. The $1.5 million endowment is funded by Mankin's friends, colleagues and patients.

In March Mankin spoke at the National Institutes of Health as a member of a technology assessment panel that developed a consensus statement on Gaucher's disease.

Roman DeSanctis, MD, director of Clinical Cardiology, was elected master in the American College of Physicians in February. Fewer than 300 of the organization's more than 85,000 members have achieved the designation.

The American College of Healthcare Executives (ACHE) Board of Governors has advanced **Michael Fisher,** manager, Distribution and Logistics Systems in Materials Management, to fellow status. Only 2,500 of 28,000 ACHE members have been named fellows.

William Shipley, MD, of Radiation Oncology, organized and moderated a satellite teleconference about bladder cancer treatment, March 1.

Throughout his career former MGH General Director **Charles Sanders, MD,** has mastered a variety of challenging roles: cardiologist, U.S. Air Force Medical Corp captain, Harvard Medical School professor, vice chairman of the Squibb Corporation, and most recently, chairman and CEO of Glaxo, Inc., a Fortune 500 pharmaceutical company. Now his sights are set on the U.S. Senate. Sanders is entering this year's North Carolina Democratic primary. If he wins, he will most likely oppose Senator Jesse Helms in the fall 1996 general election.

– The MGH wins suit

(Continued from Page 1)

ethical issues in the care of terminally ill patients. Following that consultation, a do-not-resuscitate (DNR) order was placed in Gilgunn's chart. The physicians informed the family about the order, and the patient was weaned from her ventilator. She died Aug. 10, 1989.

Gilgunn's daughter Joan brought suit against the MGH, Cassem, who is chairman of the OCC, and Dec, medical director of the Medical ICU, for negligent and intentional infliction of emotional distress, claiming that she did not agree to the DNR order and that her mother would have wanted every measure taken to keep her alive.

After more than two weeks of testimony and a little more than two hours of deliberation, the jury found that the MGH, Cassem and Dec provided appropriate care and consultation in the Gilgunn case. The jury also found that even though Gilgunn would have wanted to be resuscitated, CPR and continued ventilation would have been futile (the patient would die with or without treatment within a short time). Therefore, the hospital and its physicians were justified in placing the DNR order on Gilgunn and weaning her off the ventilator.

Attorneys for Joan Gilgunn may appeal the verdict. ●

April 28, 1995

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MGHHOTLINE

Registration reform

Earlier this week, the MGH began offering a new, convenient phone registration service for outpatients with appointments or those wishing to update "blue card" information. More details about the changes and how MGH employees and staff can use the service will appear in a future *Hotline.*

TB protection

To protect employees, patients and visitors, the MGH is implementing a hospital-wide program to fit and test staff with a new type of respirator to provide protection when caring for patients with tuberculosis. Those with questions can check with their supervisors or contact Ed Coakley, RN, MSN, at 6-8944.

Celebrate Speech and Hearing Month

The MGH Speech-Language Pathology Department will offer free screenings and lectures to heighten awareness of speech and language disorders during "May is Better Speech and Hearing Month." For a complete schedule or more information, call 6-2763.

Demonstration of new order entry system

A vendor demonstration of a system to automate order entry and medical record documentation is scheduled for May 2. For times and location, call Chris Schifiliti at 4-9910.

"Sunbathe Now — Pay Later"

The Friends of the MGH Cancer Center and the MGH Cancer Affairs Committee will present their final Dialogue for the 1994-95 season May 2, at 6 pm, in the Walcott Rooms. Henry Mankin, MD, will moderate a panel entitled "Sunbathe Now — Pay Later." For information, call the Friends at 6-1063.

Nutrition classes

The Department of Dietetics is sponsoring two classes, "Secrets of Successful Weight Loss," offered May 11, and "Vegetarian Nutrition," offered May 18. Both courses run from 5:30 to 6:45 pm and cost $15 per person. Deadline for registration is one week prior to the class. For information call 6-2779.

Women's Connection

Susan Humphreys, RN, MSN, NICU/PICU nurse manager, will speak at a noon luncheon May 1 sponsored by Women's Connection, a career development group for women working at the MGH. Maryanne Spicer, administrator of Radiology and Radiation Oncology and director of Corporate Compliance, will speak May 8 at 5:30 pm. Both lectures are in the Burr Conference Center, Bartlett Extension, third floor. The Women's Connection can be reached by dialing 6-5000 then dialing 133-5503 and leaving a message.

Women in Science

The fifth panel of the educational series, the "Ins and Outs of Academic Medicine," sponsored by the Women in Science Committee, will be May 3, from 4 to 6 pm, in the Wellman 1 Conference Room. Anne Young, MD, PhD, chief of Neurology, will moderate a panel entitled "How to Advance in the Academic Community." Panelists include: Joseph Avruch, MD; Patricia Donahoe, MD; Gerald Fischbach, MD; Joel Habener, MD; Elizabeth Hay, MD; and Philip Leder, MD. Although the series is targeted toward women, the sessions should be valuable to all fellows, trainees and junior faculty members. The series is available on videotape from Carole Davis at 4-2734.

Bike to work

Boston-area hospitals and academic institutions will show support for healthy, environmentally sound commuting at the May 18 '95 Areawide Medical Ride, a bike-to-work event. A similar ride for those working in Charlestown is planned for May 17. For more information call Fred Ames or Albert Bull at 4-6588.

[illegible]

Partners nursing conference

The departments of nursing at the MGH and BWH are sponsoring the first Partners HealthCare System Conference on Nursing June 12. The conference is intended to increase awareness of nursing contributions within the network and to facilitate networking among Partners institutions.

Nurses from various settings will present aspects of caring for patient populations across the health care continuum. For more information or to submit an abstract for review, please call Brian French, RN, MS, at 4-7843.

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May 5, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Shaping the MGH through Operations Improvement

Learning from California's situation

Massachusetts health care providers, seeking insight into the future of the regional market, are closely following developments in California, where managed care is already a dominant market force.

In recent weeks, hundreds of northern California specialists lost their contracts with independent practice associations, joining the growing ranks of out-of-work health care professionals in the area. In Los Angeles County, the Department of Health Services has proposed a prescription to alleviate a health care budget shortfall of more than $600 million — shut down most of the county's largest hospitals and slash the 28,000 member health care workforce by as much as 50 percent.

Massachusetts has not yet experienced the full force of the managed care revolution. "Up to this point, the pressures we have felt and the changes we have undergone are slight in comparison to what is to come," says Anne Dubitzky, vice president of Managed Care Contracting and Planning for the Massachusetts General Physicians Organization. "We have already reduced our prices, but we expect the pressure to increase dramatically in the coming year."

(Continued on Page 2)

Today at 6 pm under the Bulfinch Tent, the MGH Institute of Health Professions will graduate 92 students from its programs in Nursing, Physical Therapy, Dietetics and Communication Sciences and Disorders. Henry Mankin, MD, chief of Orthopaedic Surgery, is the featured speaker.

"That was really cool."

ELEVEN-YEAR-OLD Selam Woldelassie, *right,* and her family moved from Eritrea, Africa, to the United States 10 years ago. In another 10 years, she hopes to enter medical school or maybe law school. As part of "Take Your Daughter/Child to Work Day," Selam had an early opportunity to explore a career in medicine, thanks to family friend Michelle English, *left,* of the Pharmacy. Selam had an extensive tour of the department, as well as the surgical suite. "I saw doctors placing artificial skin on a burn patient's leg," she says. "That was really cool." Eleven boys and girls, ages 8 to 12, visited the Pharmacy as part of this year's event.

After more than 50 years *in the Bulfinch Building, the Inpatient Psychiatry Unit is getting a new address. The state-of-the-art unit on Blake 11 was made possible in part by contributions to the Leadership Campaign, a five-year effort started in 1992 to raise $160 million to benefit medical programs and projects as well as to help fund building projects.*

The department celebrated its new quarters April 19 by holding an open house for employees, staff and visitors. Samuel O. Thier, MD, president of The Massachusetts General Hospital is joined by Paul Summergrad, MD, chief of the Inpatient Psychiatry Unit, and others at a ribbon-cutting ceremony that day .

— Operations Improvement

(Continued from Page 1)

In the swiftly evolving health care market, academic medical centers like the MGH are handicapped by high operating expenses, exceeding those of community hospitals by 20 to 30 percent, on average. "To compete, the MGH needs to significantly reduce prices," explains Dubitzky, "reductions that must come from decreasing our expenses."

Unlike some health care providers in California and other parts of the country where across-the-board cuts have been the norm, the MGH is actively responding to market changes through a new Operations Improvement program. "In the past the MGH might have cut costs by asking every department across-the-board to lower expenses," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement. "Instead, now we are pursuing innovative strategies for addressing short- and long-term needs of the MGH while creating a culture of continuous and comprehensive improvement."

Stemming from the MGH strategic planning process, the Operations Improvement program is intended to re-examine and restructure MGH operations to reduce costs, improve quality and enhance employee and customer satisfaction.

"By simplifying processes, moving services closer to the patient, reducing and consolidating job categories, grouping patients according to resource needs and flattening the management structure, Operations Improvement will redesign the MGH with a competitive edge," explains Davis.

The Operations Improvement effort is directed by a 23-member steering committee, coordinated by members W. Gerald Austen, MD, Massachusetts General Physicians Organization chief executive officer and MGH surgeon-in-chief; Richard R. Crater, MGH chief executive officer; Davis; and Catherine J. Robbins, senior vice president for Administration and chief financial officer. The MGH program will be coordinated with a parallel initiative at BWH. ●

[illegible]

Nerve growth protein has more complex role

A team of MGH researchers has found that a protein involved in the growth of neurons (brain and nerve cells) plays a more complex role than previously believed. In a study published earlier this year in *Cell*, Mark Fishman, MD, and colleagues report new information about the protein GAP-43. Fishman is director of the MGH Cardiovascular Research Center and chief of the Developmental Biology Laboratory.

Previously, scientists believed that GAP-43's chemical signals induced developing neurons to grow only, but the MGH studies with "knockout mice" (mice from which a gene of interest has been removed) suggest that the protein also may tell cells when *not* to grow.

The researchers now believe that GAP-43 may function by amplifying tiny signals that promote or inhibit growth within the brain and neural environment. If the theory proves true, the development of techniques to manipulate the action of GAP-43 could lead to ways of regenerating damaged or severed nervous system components.

Strategic MGH Planning

Q: What is the GEC and how is it changing?

A: *The General Executive Committee [GEC] is the senior decision-making body of The General Hospital. During the years since its inception, the GEC, like the MGH, has grown in size and complexity, making it increasingly difficult for the committee to discuss effectively key issues and arrive at decisions. We have therefore launched a comprehensive restructuring effort intended to increase the efficiency of the GEC.*

When I assumed the presidency in 1994, the GEC had a membership of 40, with six standing committees and 36 subcommittees. The new GEC is comprised of 15 members from clinical and administrative areas and has successfully streamlined the 36 subcommittees into four, with one standing committee. By the fall of 1995, the GEC should include full representation from the MGPO [Massachusetts General Physicians Organization], incorporate input from the Executive Committee on Teaching and the Executive Committee on Research, and be positioned to work effectively and responsively as The General Hospital's central mechanism for policy making and governance.

— Samuel O. Thier, MD, President of The Massachusetts General Hospital and Partners HealthCare System, Inc., chair of the GEC

Robert H. Johnson began as administrative director of MGH-Revere Health Associates in April. He is responsible for day-to-day administration and will oversee the center's move to a new location this summer. Johnson comes to the MGH with more than 20 years of health care administration experience, most as an administrator for Harvard Community Health Plan in its Medford and Somerville health centers.

Doubling the honor

THIS YEAR, for the first time since the Friends of the MGH Cancer Center established the Oncology Nurse Career Development Award in 1989, the group has granted two awards the same year. Katie Mannix, RN, OCN, clinical nursing supervisor in Radiation Oncology, *right,* and Jill Nelson, RN, staff nurse on Ellison 14, *left,* today each has $1,000 to use toward furthering their professional education. According to Joan Gallagher, RN, EdD, clinical nurse specialist in Surgical Nursing, who chairs the committee that reviews award candidates, "We simply couldn't in fairness choose between two equally worthy applicants, so the Friends decided to fund two awards."

In recommending Nelson for the award, Carol Ghiloni, RN, MSN, OCN, nurse manager on Ellison 14, wrote, "Her commitment to her patients is exemplified by the ongoing comments received from them and their families: 'unconditional devotion, caring, attentive, thoughtful.'" William Shipley, MD, director of Genitourinary Oncology, suggested Mannix for the award. He wrote, "the personalized care she has given patients has set the standard for this department in thoroughness and compassion."

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MGH**HOTLINE**

Nurse week celebration

This year's celebration of National Nurses Week, May 6 to 12, will include unit-based open houses and several presentations. Speakers include Representative Carmen Buell, chair of the Joint Committee on Health Care, discussing health care reform's impact on nursing, May 8, 11:30 am, Walcott Conference Rooms; Ed Coakley, RN, MSN, on "Chaos, Leadership and Optimism," May 11, 2 pm, Bulfinch Ether Dome; and Samuel O. Thier, MD, president of The Massachusetts General Hospital, on the vision behind the MGH and Partners, May 12, 4 pm, Wellman 1 Conference Room. For specific times and places and a list of all activities, check the postings on every unit and in the glass enclosed bulletin board across from the former gift shop or page Hilary Levinson, RN, beeper number 5601.

The table was laden with delicious food and fine china, and the atmosphere was festive at the MGH's Secretary's Day celebration. All support staff were invited to a buffet luncheon in the Trustees' House. Richard R. Crater, CEO, dropped by to thank support staff members for their commitment and dedication to the MGH.

Healthy heart day

This year's "Charlestown Loves a Healthy Heart Day" is scheduled for May 11, 11 am to 6 pm at Johnnie's Foodmaster in the Bunker Hill Mall. MGH representatives will join area organizations in a variety of heart-healthy presentations to educate members of the Charlestown community, one of the areas in Massachusetts with the highest incidence of heart disease.

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Wendy Matarazzo
Jeff Wdow
Editors

Extension 6-2206
FAX 6-7475

"Skimming the Fat"

The Department of Dietetics will offer its "Skimming the Fat" course May 25 from 5:30 to 6:45 pm. The deadline for registration is May 18, and the cost of the course is $15. For information call 6-2779.

Women sought for study

Women are needed to evaluate an educational pilot video program on hormone replacement therapy (HRT). Volunteers should be past menopause, should not have a personal history of breast cancer and should already have thought through the decision to take or not take HRT. A small stipend is available. Those interested can call Diane Shirly at 4-4646.

MGH pride

The Gay/Lesbian/Bisexual Alliance (GLBA) will mark its founding year by participating in this year's Gay Pride Parade, June 10. Marching with a similar association from Blue Cross and Blue Shield of Massachusetts, the GLBA will celebrate MGH's workforce and its continued commitment to community awareness. Those interested in helping or marching should contact the GLBA at 6-5687 or attend the next meeting May 16, at 5:15 pm in Bartlett Hall Extension, third floor, Burr Conference Room C.

Art, science and imagination

Spaulding Rehabilitation Hospital will hold its 12th annual Josiah A. Spaulding Lecture May 23 at 6 pm. "The Art of Scientific Imagination" will be presented by Gerald Holton, PhD, Mallinckrodt Professor of Physics and professor of the History of Science, emeritus, Harvard University. To reserve space at the event, call 720-6645.

Computers as patient assistants

Technology that promises to educate and empower patients is the focus of an upcoming conference on interactive computers. Consumer advocate Ralph Nader will be the keynote speaker at "The Computer as a Patient's Assistant," May 18 to 19 at the Swissotel in Boston. The conference, sponsored by Harvard Medical School and Beth Israel Hospital, will address the clinical, legal and ethical considerations of using computers to support patients and families in the health care process. For more information or to register, call Lori Gershaw at 732-7928.

May 12, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Efficient, convenient registration: a win-win

TWO RECENT CHANGES are improving the efficiency and convenience of outpatient registration. Since April 24 outpatients have been able to register and update their "blue card" information by phone. In addition, blue cards no longer carry an annual expiration date.

Under the new system, patients calling to schedule appointments are asked if they would like to register by phone and, if so, are transferred to 6-9000 or given the option of calling at another time. Phone representatives collect personal and insurance information in a 5- to 10-minute conversation and send blue cards to either the

(Continued on Page 2)

Bulfinch Building closes a chapter

WHEN INPATIENT PSYCHIATRY moved to Blake 11 May 9, it left behind not only an empty floor in the Bulfinch Building, but also a legacy. With this move the Bulfinch breaks its more than 170-year tradition of serving as a center of inpatient care and bridges the gap between 19th and 21st century hospitals.

The building is the oldest of the MGH's facilities; its cornerstone was laid July 4, 1818. Constructed of Chelmsford granite, which was hammered and fitted for use by the convicts in the state prison, the building originally sat on the banks of the Charles River. Boats brought patients to a landing at the front of the hospital, where they would enter the building through the portico on the second floor. By contrast, the Blake Building is 16 stories high and has a helipad on its roof, allowing for the transport of some critically ill patients by air.

When the MGH was conceived in the early 1800s, trustees wanted to incorporate what they called "the comforts of private houses" into the layout of the MGH, the third-oldest general hospital in the country. They turned to Charles Bulfinch, a leading Boston architect of that time, for direction and guidance. Bulfinch visited and studied the construction of New York Hospital and Pennsylvania Hospital, the only hospitals in the United States at that

(Continued on Page 3)

In recognition of commitment and compassion

ROB BERGMAN, RN, MSN, staff nurse in the Respiratory Intensive Care Unit (RICU), *right,* yesterday received the Award for Clinical Excellence from the Massachusetts Nurses Association. The award recognizes the same professional ideals celebrated this week — Nurse Recognition Week — throughout the MGH: clinical expertise; collaborative, committed, compassionate care; continuous career development and community involvement. According to his colleagues, Rob Bergman exhibits them all. Walter Moulaison, RN, MSN, MBA, Bergman's nurse manager for four years on White 8 before Bergman's recent transfer to the RICU, says: "Rob is an active and effective professional who was sought out regularly by other staff members who wanted to tap into his innovative and creative thinking. He also has an easy-going style and uses humor in his practice in a way that makes people feel valued and cared for. We're all very proud of him."

— Efficient, convenient registration: a win-win

(Continued from Page 1)

location of the patient's appointment or the patient's home. The service is available to new patients or established patients, including employees and staff, who have changes to their registration information.

To further streamline the hospital blue card process and eliminate the need to re-register, patients are no longer required to get a new blue card each year. To ensure accuracy of blue cards, practice staff will ask patients about any changes to the information printed on the blue card. Only those patients who have a change in insurance, employer, address or primary care physician will need new blue cards, regardless of the expiration date. The expiration of blue cards, however, will remain valid for patients with short-term insurance, such as free care, workers' compensation and MassHealth.

Marcia Martins, phone registration team leader

For patients who prefer in-person registration, offices remain open in the WACC Lobby, WACC 607, Cox Lobby and Physicians Office Building. The WACC 2 Registration Office has been closed to walk-in patients and is the current, temporary site for phone registration.

In addition, the Emergency Department registration staff began printing blue cards May 3, eliminating the need for patients to re-register when they go to an outpatient practice for followup.

"Feedback from patients and staff who have used phone registration has been positive," says Diane Hanscom, Outpatient Registration manager. "The improved convenience for patients combined with the potential cost savings from reducing unnecessary blue card production make the changed system a win-win situation for the patients and the hospital." ●

Strategic MGH Planning

Strategic planning retreats for MGH leadership, held in March, evoked challenging questions about the management of the MGH. Here is an example:

Q: Is it true that the MGH currently employs too many specialists and that a large number will have to go?

A: *If capitation, with its emphasis on less costly preventive and primary care, captures the health care market as thoroughly as we anticipate, we are likely to find ourselves with more specialists than we can support. With this in mind, we are now trying to take appropriate steps that we hope will lessen the impact of market forces on MGH specialists:*

- *We are building an integrated health care network, Partners Community HealthCare, Inc. (PCHI), that will establish the MGH as a referral center for specialty patients in the Partners system.*
- *We are also developing specific specialty-enhancing activities, including plans to market outstanding specialty services as centers of excellence.*
- *Substantial cost reductions at the MGH are essential to make our medical center cost-competitive. The MGH and BWH have achieved savings individually and through consolidating administrative and support services under the Partners umbrella. In addition, the new MGH Operations Improvement program, designed to achieve major cost reductions while improving service and quality, will be very important in positioning the MGH to compete successfully for patients.*
- *While we must continue to add a limited number of truly outstanding specialists to maintain the strength of our staff, the MGH leadership recognizes the need to be extremely careful about hiring new specialists.*

— W. Gerald Austen, MD, CEO of the
Massachusetts General Physicians Organization,
MGH surgeon-in-chief

— Bulfinch Building closes a chapter

(Continued from Page 1)

time. Bulfinch's recommendation included the concept of housing from 10 to 20 patients in wards, or open units, on each floor, as well as providing kitchens, laundry facilities, heat and what is thought to be a first in an American institution of this kind — water closets, or interior plumbing, for the comfort of patients and staff.

The exterior of the Bulfinch Building was in no way unique, and in fact, it somewhat resembled Pennsylvania Hospital [illegible] the almshouses of Europe. It had a central portion with two wings, which were expanded in 1844, allowing the hospital to double its patient capacity. The operating theatre, now known as the Ether Dome, was located on the top floor under the domed roof, which was vented for natural lighting. The two central winding cantilever granite staircases are original. In 1971 the Bulfinch Building was designated a National Historic Landmark, an honor bestowed on the Ether Dome in 1965.

The passage of time and the introduction of new technology often brings the need to change. The area surrounding the building has evolved through the years. The river, which originally passed along the front of facility, was redirected and the area was filled in to create the [illegible] in front of Bulfinch. Buildings alongside and behind it have been built, torn down or moved. Even the interior designs have changed to better serve patients. Open wards have disappeared from the hospital; most inpatient rooms are either semi-private or private.

The Blake Building opened in 1994 when the MGH Mother and Child Center reintroduced obstetrics to the hospital. Built of glass and steel, the Blake could not be any more different physically than the Bulfinch. Both, however, are the same in one respect — they were designed to provide the best and most comprehensive patient care available at the time. ●

The Blake and Bulfinch buildings are the same in one respect — they were designed to provide the best and most comprehensive patient care available.

Ralph G. Meader, PhD, dies at 90

Ralph G. Meader, PhD, an educator and research scientist, died May 5 at the age of 90. Meader's career spanned 54 years, 14 at the MGH. Most notably, he guided and supervised research programs as deputy director of Research Administration from 1965 to 1976. During this time, Meader organized and served as the first executive secretary of the Subcommittee on Human Studies. One of the earliest committees of its kind, it was developed to guard the rights of patients and other research volunteers. After retiring from that post, Meader assisted with negotiations for grants and contracts until 1979.

Before joining the MGH, Meader was in charge of research and training grants at the National Cancer Institute.

A memorial service will be held June 16 in Sanbornton, NH. For more information call Toni Donarumo at 6-1708. ●

Clarification

In an article entitled "Doubling the honor," in the May 5 *Hotline,* William Shipley, MD, was listed as director of Genitourinary Oncology. We neglected to specify that that title applies to the Radiation Oncology Department only.

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MGH HOTLINE

CELEBRATE ASIAN HERITAGE

A variety of events are planned for May 15 to 19 in recognition of Asian Heritage Month. Throughout the week, the General Cafeteria will serve Asian foods, including some special family recipes supplied by employees, and display photos of many MGH employees. An Asian Heritage Day Celebration will be held May 19 from 11:30 am to 2 pm under the Bulfinch Tent, where representatives from Asian community-based cultural and educational organizations as well as MGH employees of Asian descent will provide information and educational displays. For more information, call Barbara Holland at 6-5741.

AIDS WALK

The 10th annual AIDS Pledge Walk, June 4 will begin at the bandstand on Boston Common. It is New England's largest AIDS fundraiser, and the MGH is a corporate sponsor. Participants can preregister for the 10K walk at booths operated by the AIDS Educational Task Force June 1 from 11 am to 2 pm in the CNY Lobby and on June 2 from 9 am to 4 pm in the WACC Lobby. Volunteers and walkers are needed. For more information, call Darren Sack at 6-3058.

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**Wendy Matarazzo
Jeff Wdow
Editors**

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FAX 6-7475**

MIND-BODY LECTURE

The MGH Mind-Body Medicine Group will be sponsoring "The Body is the Doorway to the Soul," a lecture exploring how to access information directly from the body and unconscious mind to clear interferences that block one's goals. It will be presented by Judith Swack, PhD, May 18 from 4 to 5:30 pm in the Wellman Conference Room. For information, contact Maureen Spencer at 4-3076.

RADIOLOGY GIVES THE GIFT OF LIFE

The Radiology staff set a record April 19 by donating forty units of blood, the most ever donated by one department in a single day at the MGH. To meet the needs of our patients, Blood Transfusion Services (BTS) must collect approximately 26,000 units of whole blood annually, which is why BTS is constantly seeking out companies, community groups and employees to donate blood and sponsor blood drives. Staff can donate Monday through Thursday from 8:30 am to 7:30 pm and Friday from 8:30 am to 4:30 pm in the Blood Donor Center on Gray 1 (call 6-8171 to make an appointment). All MGH employees who donate blood receive a voucher for a day of free parking on campus. If you know of an organization that would like to sponsor a blood drive, please call Richard Carson at 6-3618.

Portrait honors an MGH pioneer
Friends and colleagues of Paul S. Russell, MD, *left,* gathered to celebrate the unveiling of his portrait in the Bigelow Amphitheater. Russell, shown here with Hermes Grillo, MD, has been associated with the MGH and Harvard Medical School for 47 years. He served as chief of the MGH General Surgical Services from 1962 to 1969 and as chief of the Transplantation Unit from 1969 to 1990. In 1962, Russell was named John Homans Professor of Surgery at Harvard Medical School.

COMMUTING DAY

Celebrate World Class Commuting Day May 17 at CNY 149 Lobby and May 18 under the Bulfinch Tent from 10 am to 2 pm at both locations. The MBTA, Central Artery/Tunnel Project, and Mass Port Authority will participate in events. Experimental vehicles, water taxi services, bicycling and other alternative modes of commuting will be presented. Also, commuters will be able to sign up for services such as carpool ridematching and vanpools.

ENTERTAIN YOU

The Department of Dietetics' own catering service, "Simply Delicious Affairs," can help to make any occasion special. From coffee and doughnuts to a sit-down dinner, Simply Delicious Affairs is perfect for staff meetings, working lunches, birthday parties and evening receptions. Delivery is available at the MGH and its affiliates. For information on catering events held in the Walcott Rooms, call Lorraine Allan at 6-5909. For pickup service or events at other locations call Carolyn Lewis at 6-2575.

SPAULDING-MCLEAN CENTER

The new Spaulding-McLean Center at McLean Hospital in Belmont recently opened, treating older adults with complex combinations of medical-surgical and psychiatric conditions. Candidates for admittance into the new center are patients with recent acute injuries or medical needs, such as a fracture, stroke or major surgery who also have an acute psychiatric disorder requiring inpatient care such as depression, psychosis, or dementia with behavioral disturbances. The center also specializes in caring for patients with Alzheimer's disease. For more information or to make a referral, call Mary Plunkett, RN, at 720-6516 or Geraldine Nelson, RN at 855-3183.

May 19, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Partners reorganizes financial units

THE FINANCIAL UNITS serving Partners HealthCare System, Inc., including the MGH, BWH and other Partners affiliates, have been reorganized as part of a program to unify and focus major administrative areas of Partners. Catherine J. Robbins has been appointed vice president for Finance of Partners, and Jay B. Pieper has been appointed vice president for Corporate Development and Treasury Affairs of Partners. Both Robbins and Pieper will report to H. Richard Nesson, MD, Partners chief executive officer, and Samuel O. Thier, MD, Partners president.

Robbins, formerly MGH senior vice president and chief financial officer, is now responsible for all financial services, control and support functions for Partners. She will work with Partners leadership and each of the system's constituent units to develop and implement an effective and efficient financial organization. All units and staff involved in financial operations at BWH, the MGH and other affiliates will report to her.

Catherine J. Robbins

Jay B. Pieper

Pieper, formerly senior vice president and chief financial officer of BWH, is now responsible for the Partners Treasury Office, which manages all company cash and investments. He also will supervise debt and risk management activities and will work closely with Partners senior management to identify and analyze business and corporate development opportunities. In addition, Pieper will oversee due diligence activities with respect to major business acquisitions and combinations that Partners is considering.

This change in financial leadership is one in a series of steps at Partners to unify major administrative areas of the organization and to ensure that the infrastructure is in place to direct key planning and support activities for the system.

Says Nesson: "I am delighted that finance, a key function on which we all rely heavily, is being restructured to serve the organization as a whole. This new structure will provide the services, control, coordination and planning we need for success in a rapidly changing environment."

Thier says that he has been "increasingly impressed with the collective strengths that Jay and Cathy bring to Partners. We are very fortunate to have not one, but two such skilled leaders whose talents are complementary. Dick Nesson and I look forward to working closely with Cathy and Jay in the years ahead." ●

The wheels on the bus – or the bike or the car – go round and round

***When two MGH employees** (one on a bicycle and one driving a car) almost collided on their way home from work several years ago, a close call became a relationship milestone. Linda Kane, LCSW, of Social Service, and Dennis Prior, then of Police and Security, could not have predicted that months later the near mishap would serve as an ice breaker that would lead to marriage and later the birth of the first Mother's Day baby in the MGH's new obstetrical unit. Cameron Kane Prior, 8 pounds 8 ounces and 22 inches long, was born May 14, at 3:46 am. Mother, baby and father all are doing fine.*

Parking to respond to patients' most frequent complaints

IT IS LATE MORNING and a patient drives to the entrance of the MGH parking garages, sees the orange easel signs declaring them full and begins circling around the block — Parkman to North Anderson and back to the congestion and traffic lights of Cambridge Street, then up North Grove. And around again. Hardly a patient-focused beginning for a visit to the MGH.

In the recently completed patient satisfaction survey, parking was a common complaint. Too often a patient's first impression of the MGH is created by the limited availability and high price of parking, especially for the many patients and visitors who are unaware of the discount coupon system.

Help is on the way. A revamping of the parking system now is under way, aimed at dedicating the most convenient garage spaces to patients and families. The new system will affect those employees and staff who currently park at the MGH, and though initial changes may prove inconvenient, improved shuttle service and other measures will be implemented to lessen the impact.

"Does the hospital's dedication to a patient-focused approach — considering patients first — mean that the convenience of employees and staff is second to that of patients?" a participant in the recent strategic planning sessions for leadership asked Jeff Davis, senior vice president of Human Resources and Continuous Improvement. Davis's answer: "Yes."

Although any employee will be able to park in the front garages outside of peak patient and visitor hours, during peak times the overall parking strategy will reserve parking spaces closest to the main hospital for patients and their visitors, who will be charged a preferred rate. House staff and other physicians will have access to parking spaces in predetermined sites, although only house staff will be eligible for discounted rates. The MGH will phase out employee and staff parking subsidies, and prices will rise gradually to market rates over the next three years. Income from increased employee and staff parking rates will be used to enhance shuttle service to additional offsite lots to meet employee demand and to help the Parking Service become financially self-sustaining.

"We recognize that these changes may be inconvenient to some MGH employees and staff," says Bruce Ernst, director of Operations Program Planning. "But we need to offer a competitive advantage for patients who come to the MGH for their care. We also must plan for an increase in demand for parking spaces as outpatient visits to the MGH increase."

Although rates and schedules are not yet final, midsummer implementation is planned. As details become available, they will be published in *Hotline*. ●

the patient's voice

Results from the Patient Satisfaction Survey indicate why changing the MGH's parking system is a high priority for the hospital. The pie chart below illustrates how inpatients surveyed from May to July 1994 viewed the parking situation.

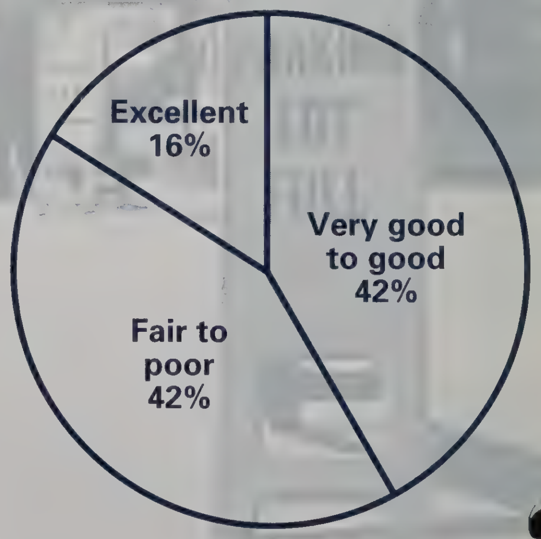
Below is a sample of parking-related responses patients gave when asked to, *"Please tell us what the hospital could do to improve the quality of the care and services that you received and do a better job at meeting your needs."*

"Parking was a problem and rather expensive."

"More parking."

"Parking was expensive for family."

"I wasn't told about patient parking discounts."



Parking spaces for patients: availability, location and cost

Continence Clinic offers help for an embarrassing problem

URINARY INCONTINENCE, the inability to control the release of urine, can be so embarrassing that 90 percent of adults with the problem do not even discuss it with their physicians. But for most adults, proper diagnosis and treatment can lead to improvement and often can cure incontinence. At the MGH, such help is available from the Continence Clinic in the Urology Unit.

Elizabeth Montgomery, RN, nurse clinician in neurourology, explains that incontinence can affect people at all stages of life. "While the problem is most common in older individuals, young women may have trouble after giving birth. Men can become incontinent because of benign prostate disorders or after prostate cancer surgery," she says.

Scott McDougal, MD, chief of Urology, adds, "Incontinence can be terribly disruptive of people's lives, to the point that some never leave their homes."

The MGH clinic takes a broad approach to treating incontinence, combining conservative, nonsurgical approaches to regaining bladder control with the personal support and encouragement patients need to resume an active life. Each patient seen by the clinic receives a complete assessment to rule out such problems as infection.

Some patients may have lost their ability to sense bladder fullness, and for them behavioral techniques, such as restricting the amount of fluids consumed and urinating at regular intervals, can help avoid accidents. Strengthening muscles involved in holding and releasing urine can lead to improvement, but that process may be difficult.

"Some patients may not be able to identify the correct muscles or feel when they are contracting them," Montgomery explains. "In these cases, biofeedback gives patients visible or audible cues when they are contracting the correct muscles. When that doesn't work, direct stimulation of the appropriate muscles can produce the desired result."

Medication to either stimulate or relax these muscles also may be part of treatment. And in certain cases surgery may be required to correct a structural problem. "The most important thing for people with incontinence to realize, is that there is help for them," Montgomery says.

For more information about the MGH Continence Clinic, or to schedule an appointment, call 6-4530. ●

Strategic MGH Planning

March strategic planning retreats provided a forum for discussion among members of MGH's senior management and leadership. The following exchange is an example.

Q: Why are we renting office space when there is so much space available on campus?

A: *Renting off-campus space is a short-term strategy to get us through the shortage of space on the main campus during the next three to five years. Allocating the vacant space in Blake as offices would not be an effective use of the high-performance systems designed into that building. The Blake and Ellison buildings are intended to house high-level patient care facilities. As more space becomes available on campus through bed consolidation and administrative redesign, we will dedicate buildings to their highest and best uses, which for Blake is inpatient care and for buildings such as Bigelow could be more general clinical or office uses.*

— John Messervy, vice president
for Planning and Construction

Fred Shapiro, MD, of the MGH Pain Center, organized and hosted a benefit concert by violinist Isaac Stern and pianist Yefim Bronfman at Symphony Hall April 9. Proceeds benefit the MGH Pain Center. *From left:* Warren Zapol, MD, chief of Anæsthesia; Marcelle Shapiro, Fred Shapiro's sister; Stern; Bronfman; Shapiro; Alyssa LeBel, MD, of the Pain Center; and David Borsook, MD, PhD, Pain Center director. MGH proceeds have been credited toward the Leadership Campaign, a five-year effort that began in 1992 to raise $160 million to benefit MGH patient care, research and facilities-improvement projects.

May 19, 1995

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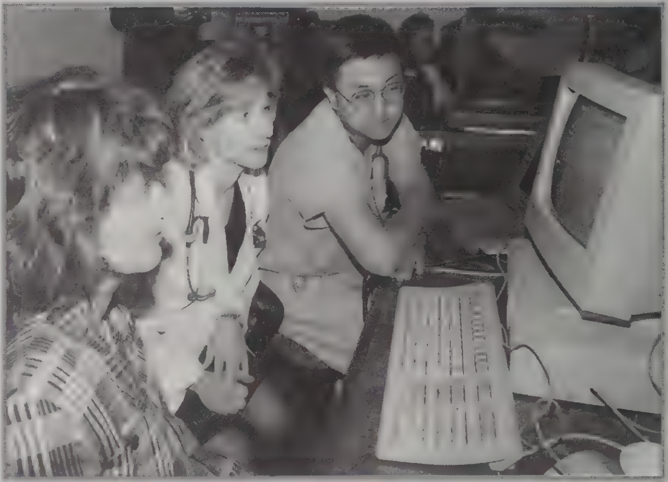
MGH**HOTLINE**

Diversity job fair
The Alliance of MGH Minority Professionals (AMMP) will co-sponsor its first Diversity Job Fair May 25, noon to 7 pm, under the Bulfinch Tent (rain location is the Wellman Conference Room). All MGH employees are invited to attend, especially hiring managers, and make the most of the opportunity to increase the diversity of the hospital's applicant pool for present and future vacancies. Those with questions can call Pam Burton, AMMP chairperson, at 6-2651, or Barbara Holland, director of Diversity, at 6-5741.

Shop to benefit the MGH Breast Center
Employees are invited to a special reception at Georgiou, a women's clothing store at Faneuil Hall, May 24 from 5 to 8 pm, during which 15 percent of each purchase will be donated to the MGH Comprehensive Breast Health Center. For those unable to attend the reception, Georgiou will continue to donate 15 percent of purchases to the Breast Center May 25. For information call Anne Boluch in the Development Office at 4-6407.

Medical society educational programs
Samuel O. Thier, MD, president of The Massachusetts General Hospital, will participate in an Annual Scientific Session, entitled "The Corporatization of American Medicine," at the annual meeting of the Massachusetts Medical Society, May 20, 9 am, Westin Hotel Copley Place, Boston. Anthony Zietman, MD, an MGH radiation oncologist, will participate in the afternoon session on prostate cancer, beginning at 2 pm. For more information please call 893-4610, ext. 1359, or the Westin Hotel at 262-9600 and ask for the Massachusetts Medical Society registration representative.

Art, science and imagination
Spaulding Rehabilitation Hospital will hold its 12th Annual Josiah A. Spaulding Lecture May 23 at 6 pm. "The Art of Scientific Imagination" will be presented by Gerald Holton, PhD, Mallinckrodt Professor of Physics and professor of the History of Science, emeritus, Harvard University. To reserve space at the free lecture, call 720-6645.



CAN THE PATIENT RECORD BE COMPUTERIZED?

Recent software demonstrations by HealthVision Corporation helped MGHers learn how the medical record can be computerized. The HealthVision system, which can be tailored to suit individual needs, stores detailed patient information and can activate medical orders for lab tests, medications, appointments and more. The system is one of several the hospital is evaluating. Here Sam Hahn, MD, Medicine, and Denise Mullaney, RNCS, Cardiology, *center,* get the lowdown from Carol Brien of HealthVision.

Become a better manager
Women in Academic Medicine of Harvard Medical School is sponsoring a free spring lecture series, "Laying Foundations for Success in Academic Medicine." On May 25 from noon to 1:30 pm the group will present "Developing Managerial Expertise: Becoming a Better Manager," featuring Robert Barbieri, MD, Kate Macy Ladd Professor of Obstetrics, Gynecology and Reproductive Biology at Harvard Medical School and chairman of the BWH Department of Obstetrics, Gynecology and Reproductive Biology. All faculty are invited to attend the lecture which will be in the Countway Library Auditorium. Call 432-1133 for information.

Nutrition and women's health lecture
The Department of Dietetics will sponsor a lecture, "Nutrition and Women's Health," June 1 from 5:30 to 7:30 pm in the Dietetics Office, Room 005 in the Gray Basement. The $15, cost includes a take-home folder of nutrition information. Seating is limited and reservations must be received by May 25. Call 6-2779 to make a reservation or for more information.

4-MENU
The Department of Dietetics has made finding favorite menu items easy. The daily menu for the General and WACC cafeterias are available by calling 4-MENU (4-6368). The menus are updated daily at 6:30 am.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

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Physician training must change, retain excellence

TO MAINTAIN their world leadership in physician education, the MGH and BWH must continue to train both generalist and specialist physicians (although the latter in fewer numbers), re-evaluate the current role of residents and fellows in the delivery of inpatient care, and develop new approaches to physician training. The BWH-MGH Training Task Force made these and other recommendations in its final report, completed in April.

Task force members noted that although the kind of regulatory limits on the size of training programs proposed with national health care reform are no longer expected, financial and market forces continue to emphasize primary care training over specialization. To prepare for expected constraints, both hospitals have already instituted a 5 percent reduction in the total number of new residents who will start this summer *(see story, Page 2).*

Traditionally, physician training programs have been designed around the inpatient care programs of teaching hospitals. The task force members said that this will have to change; training programs must be structured around residents' educational needs and should acknowledge the shift in care from hospitals to outpatient settings.

"Meeting the needs of our patients and institutions with a smaller manpower pool while maintaining the balance between clinical services and educational programs will be a challenge for all of us," says Marshall Wolf, MD, BWH director of Medical Residency Training Programs and a task force member.

To deal with the smaller resident staff, the task force also recommended a project to

(Continued on Page 2)

A tour of Vietnam

AS A NURSE ADVISOR in South Vietnam in the late 1960s, *below left,* Wendy Werner, RN, of Cardiology witnessed the drama of the Vietnam War. In March, 25 years later, she returned to explore the country's once inaccessible beauty — by bike.

Werner took a 12-day guided tour along the picturesque Vietnamese coastline and through narrow mountain passes, visiting the town in which she once lived, a ward she helped establish, and ancient temples and war-ravaged ruins. The route began in Saigon and wound north to Hue, the imperial capital of Vietnam. Her last time in Hue was three weeks after the Tet Offensive, when heavy bombing left the city devastated.

"There is no better way to travel the countryside and visit among the Vietnamese natives than by bicycle," Werner says. "We weren't travelers; we were visitors."

These days Werner, along with several hundred fellow MGHers, commutes to the MGH by bike. Employees and staff who missed last week's Bike to Work activities or are training for a cross-country bicycle adventure should contact Fred Ames or Albert Bull at 4-6588 for information about what preparations to make.

Heritage highlights

To mark Asian Heritage Month and recognize the contributions Asian-American employees and staff make to the culture of the MGH, the Cultural Diversity Committee hosted an Asian-American Heritage Celebration May 19. The festivities featured a display in the General Cafeteria highlighting the experiences and cultural backgrounds of some of the MGH's Asian-American employees and staff. *Clockwise from upper left* are a few of the MGHers spotlighted in the display: Rollie Perea, RN, staff nurse in the Respiratory Intensive Care Unit; Nilima Bhatia, Human Resources representative; Toshihiko Hibino, PhD, a research fellow in the Cutaneous Biology Research Center; and Tin Cotton, RN, staff nurse on White 8. The celebration also featured a Japanese tea ceremony; Chinese arts and crafts; and Asian clothing, textiles and food.

— Physician training must change, retain excellence

(Continued from Page 1)

develop and test alternative patient care delivery models. These could include transferring responsibilities to teams comprised of nurse practitioners or physicians' assistants working with attending physicians.

"By taking a proactive approach to redesigning our residency and fellowship programs, we have the best opportunity to maintain quality," says John Potts, MD, MGH physician-in-chief and Training Task Force chairman. "We must provide our patients with excellent care while preserving the high quality of our training programs even as we reduce the number of trainees."

The task force also detailed newly developing mergers in some residencies and fellowships — the most recent of which are a combined medicine/pediatrics residency, starting in July, and a merging of the hematology/oncology fellowships, effective in 1996. Exploration of additional joint BWH-MGH training programs will continue, although the larger programs at each hospital probably would not benefit from consolidation.

"Most of these mergers are coming about quite naturally, as program directors meet and discuss the best ways of working together," Potts says. "When they see an opportunity to strengthen their programs by joining together, they pursue it." ●

Groër is named president of the MGH IHP

MAUREEN W. GROËR, RN, PHD, has been named the new president of the MGH Institute of Health Professions (IHP) effective July 1. Groër, who is the director of the IHP Graduate Program in Nursing, has served as interim president since last July.

"The presidency of the IHP is an incredibly exciting opportunity, one that allows for vision, passion, involvement, creativity and risk," says Gr[illegible]

"The presidency of the IHP ... allows for vision, passion, involvement, creativity and risk,"

As interim president, Groër led efforts to develop a long-range plan for the IHP and played a key role in developing a proposal for a new graduate program in human studies investigation. She has represented the IHP on various committees, boards and strategic planning task forces within the MGH and Partners communities, helping to position the IHP as a major educational [illegible]rce for future initiatives.

Groër maintains an active program of scholarship and research in the field of psychoneuroimmunology.

Maureen W. Groër, RN, PhD

Before coming to the IHP in 1992, Groër was a professor and director of the doctoral program in the College of Nursing at the University of Tennessee in Knoxville. She was born in Massachusetts, attended Children's Hospital School of Nursing, Newton College of the Sacred Heart and Boston University. She holds a master's in nursing and a doctorate in physiology.

Groër succeeds Patrick McCarthy, MCP, who retired last June after seven years as president. ●

Residency positions reduced

THE MANDATE to reduce the number of positions in the incoming groups of residents at the MGH and BWH came directly from the top: from H. Richard Nesson, MD, chief executive officer of Partners HealthCare System and BWH president, and Samuel O. Thier, MD, president of Partners and of The Massachusetts General Hospital.

"The growing national role of managed care programs, with their emphasis on primary care, is already reducing the demand for specialists," says Nesson. "Teaching hospitals have an obligation not to train young physicians for positions that won't exist in the future."

The 5 percent reduction translates to eight fewer residents coming to the BWH and nine fewer residents joining the MGH house staff. Debra Weinstein, MD, MGH director of Graduate Medical Education, explains: "For the purpose of this particular change, we exempted designated primary care residencies in internal medicine, as well as the pediatrics and combined medicine/pediatrics programs."

Gilbert Mudge, MD, BWH chairman of Graduate Medical Education, adds: "It was very important that we begin to address this problem of excess specialist capacity in a way that would not compromise patient ca[illegible]the missions [illegible]th hospitals. We will continue to work togeth[illegible]o decide how f[illegible]e reductions should be addressed to meet the goals of Partners HealthCare System."

Strategic
MGH
Planning

Strategic planning retreats, held in March, facilitated open debate of challenging issues faced by the MGH. The following discussion about diversity is an example:

Q: Partners [HealthCare System, Inc.] has targeted a goal of reducing expenditures by a combined $240 million over three years between BWH and the MGH. How are we going to increase the diversity of our workforce when we are faced with a mandate to downsize and eliminate positions?

A: *The MGH Board of Trustees and administration are committed to fostering a richly diverse institution in order to fulfill its mission and strategic goals. Similarly, the strategic planning initiative has identified diversity as an important value and guiding principle by which the MGH can continue to thrive as a creative, competitive and community-responsive medical center. Incorporating diversity into the MGH culture, therefore, presents an exciting challenge.*

The hospital will continue to reshape itself as the Partners HealthCare System evolves. By virtue of this transformation, new positions will be created and current positions reformulated even as the total number of employees is expected to decline. Such transition provides an opportunity for new talent to be recruited at all levels. This new infusion of talent will be comprised of staff from diverse backgrounds.

Even today, examples abound. In Human Resources, the hospital is dramatically changing its model for providing services. In the process, new jobs are being created while the total number of Human Resources employees continues to decline. In the course of filling these new positions, Human Resources has added a number of employees from diverse backgrounds to its staff. Similarly, among the diverse staff the MGH has been fortunate to recruit recently to the new Obstetrics Unit is an outstanding African-American physician. Her selection supports the MGH's mission to provide the highest quality of clinical and culturally competent care and enables the MGH to offer patients enhanced choices from a diverse workforce.

In the end, the MGH will become a more vibrant medical center that welcomes diversity and, in so doing, will approach the 21st century in a more competitive position.

— Winfred W. Williams Jr., MD
Director, Minority Health Professions Office

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May 26, 1995

MGH**HOTLINE**

The MGH IHP graduates its largest-ever class

WHEN Interim President of the MGH Institute of Health Professions (IHP) Maureen Groër recently congratulated the class of '95, she addressed the Institute's largest-ever graduating class. The ceremonies for the 92 graduates in Nursing, Physical Therapy, Communication Sciences and Disorders, and Dietetics also marked the IHP's 15-year anniversary.

Appropriately, this year's commencement speaker was Henry J. Mankin, MD, chief of Orthopædic Surgery, member of the IHP Board of Trustees since 1981 and strong advocate for the IHP's role within the MGH community.

Quoting John Dryden, who in 1667 stated, "Nature's hand from art makes mighty things from small beginnings grow," Mankin recalled the IHP's first incoming class. Twelve students were taught by six full-time and 13 part-time faculty members. Today, the IHP includes 534 students and 66 faculty.

"Sometimes we forget that institutions are people," Mankin said, "not just buildings and programs. And, thanks to those people who are the IHP, our small beginning is indeed destined for great things!"

Among those recognized for their dedication to the IHP and its principles was E. Lorraine Baugh, MS, RN, who will step down in July as chair of the Board of Trustees following 10 years of service.

Annual awards were presented to faculty and students: Excellence in Teaching to Patrice Nicholas, RN, CS, DNSc, a member of the Graduate Program in Nursing; Excellence in Clinical Nursing Practice Award to Judith Sutcliffe, RN, ANP, and the Mary Mankin Prize to Donna Wolf Baer, MS, PT, for her thesis on hip prostheses. ●

Pictures from prison

This image of the Charles Street Jail is from "Forms of Punishment: Charles Street Jail and Eastern State Penitentiary," a photo exhibit that will be displayed on Ellison 1 from May 30 through June 30. The work of Paul Mange, senior research analyst in Psychiatric Epidemiology at the MGH, and Max Page, a doctoral student at the University of Pennsylvania, the exhibit is designed to stimulate discussion and thought on current methods and policies of punishment. All MGHers are invited to educational presentations related to the exhibit, May 30 at 5 pm in the Ether Dome. A reception will follow on Ellison 1 from 6 to 7 pm. For more information, call Paul Mange at 6-7974.

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What's Happening

Multicultural care

"Complexities of Caring for Patients in a Multicultural Hospital Setting," a forum sponsored by the MGH and the Massachusetts Medical Interpreters Association, will be held May 30, 4:30 pm, Walcott Rooms. For information, call MGH Interpreter Services at 6-6966.

MGH cyclists

The MGH cycling team, the Missing Links, has completed the first of its bike tours to benefit the Massachusetts Chapter of the National Multiple Sclerosis Society. Twenty MGH cyclists participated in the Tour the Vineyard off-road race May 13. The next tour will be June 24 and 25 through Southeastern Massachusetts and Rhode Island. For information, call Sam Roberts at 6-3394 (days) or Dennis Picarillo at 6-2121 (nights).

MGH at the Walk for Hunger

MGH employees raised more than $10,000 for this year's Walk for Hunger. In addition to receiving MGH Walk T-shirts, registered employees were eligible for a prize drawing, which included donated gifts from various companies. The grand prize winner was Veronic Felder of Dietetics, who won a $100 gift certificate from American Express. Walk organizers Susan Horan and Karen Bryunell extend their appreciation to all participants, sponsors and companies that gave so generously. Raffle prizes were donated by Reebok, Bagels, Etc., MGH Gift Shop, Cambridge Street Photo, Harvard Gardens, Commonwealth Brewery and Holiday Inn.

June 2, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Operations Improvement: Redesigning the MGH

MANY OF THE important steps taken by the MGH in recent years — the affiliation with BWH to form Partners HealthCare System, Inc., development of an integrated health care delivery network, the creation of the Massachusetts General Physicians Organization and the ongoing MGH strategic planning effort — are designed to position the hospital for success in the new health care market. The MGH Operations Improvement Program is the hospital's latest initiative aimed at achieving substantial cost reductions while improving quality and service.

To predict changes in regional health care delivery, New England hospitals have been observing developments in California, where managed care already dominates the marketplace. The recurring themes — fewer inpatients, shorter lengths of stay, empty beds, a shift to less expensive out-of-hospital care, falling prices, layoffs and hospital shutdowns — are becoming more prevalent in this region.

Dramatic changes in the local health care market are reported almost daily. Even some of the best and strongest hospitals, once considered immune to market forces, are feeling the strain. The past year in Boston has been marked by announcements of affiliations and cost-cutting measures.

For example, recent media reports said that New England Medical Center (NEMC) reduced its budget by $30 million and eliminated nearly 300 jobs last fiscal year, but still finished $6 million short. And cutbacks at NEMC are expected to be at least as severe in the coming year. Partners' hospitals are not immune to this trend: Both BWH and the MGH have been downsizing, a process that will continue in response to market developments. BWH is in the process of identifying $30 million in savings for the next fiscal year and has instituted a new approval process for reviewing hiring requests. At the MGH efforts already are under way to target large-scale savings over the next few years — from 20 to 30 percent based on current projections of the market and payment rates. Reports of similar cutbacks are heard throughout the city, region and nation.

Already disadvantaged by disproportionately high operating expenses, teaching hospitals are feeling pressures to cut costs from the private sector. This pressure is compounded by possible cutbacks in government funding. Recent congressional proposals to balance the federal budget threaten significant cuts in funding for the National Institutes of Health, a primary

(Continued on Page 2)

Family doubles with birth of triplets

As a staff nurse on Ellison 8, Michelle O'Leary, RN, is accustomed to being busy. But now she and husband, Robert, literally have their hands full. The O'Leary family of three (Mom, Dad and 4-year-old Ryan), doubled in size when triplets Mollie, Kathryn and Ian arrived May 1 in the MGH's new Obstetrics Unit. The O'Leary triplets were able to go home together, May 19, since they were all eating well and gaining weight steadily. In fact, the O'Learys estimate that the babies will go through 240 bottles a week.

— Operations Improvement: Redesigning the MGH

(Continued from Page 1)

source of research grants. In addition, Medicare, which currently reimburses academic medical centers an average of 30 percent more than nonteaching hospitals to subsidize training and research, is the target of substantial budget cutbacks.

"So far the MGH has accurately projected developments in the regional health care market and effectively changed to meet the challenges," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement and coordinating member of the Operations Improvement Steering Committee.

Even so, the MGH has not averted difficulties faced by other acute care hospitals. Since September 1992, inpatient days have declined 17 percent; the number of beds in service has dropped 15.3 percent, from 1,021 to today's 865; and the number of full-time-equivalent employees has decreased by 4.8 percent, from 7,533 to 7,174.

"To survive and be competitive, the key now is to reinvent the hospital so we can provide high-quality care at lower cost," says Davis. "Operations Improvement, expected to continue for the next two to three years, will balance top-level vision and target setting with redesign of work by those who do the work."

Unlike across-the-board budget cutting, the Operations Improvement process offers a systematic approach to addressing short- and long-term hospital needs. "Drawing from patient-focused guidelines established by strategic planning, Operations Improvement will restructure MGH operations to create a hospitalwide culture of continuous improvement," explains Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care, chief nurse executive and member of the Operations Improvement Steering Committee.

Now in the first of three phases, Operations Improvement is working to articulate a vision for future care and service delivery, and teams are setting specific financial, service and clinical utilization targets. In phase two, expected to begin this summer, operational and clinical design teams will identify ways to meet these goals. Six to eight months later, the final phase will include preparing and implementing restructuring plans. ●

Several participants at the March strategic planning retreats for MGH leadership asked for clarification of the relationship and differences between Partners HealthCare System, Inc. and Partners Community HealthCare, Inc. In response, the following information was prepared by Partners General Counsel and Secretary Ernest M. Haddad:

Partners HealthCare System, Inc. (Partners), established in March 1994, is the corporation created by the affiliation of The Massachusetts General Hospital (the "parent" of the General Hospital and other affiliates) and The Brigham Medical Center, Inc. (the "parent" of the Brigham and Women's Hospital and other affiliates). Partners Community HealthCare, Inc. (PCHI or "Peachy") is a separate corporation that was formed to develop an integrated delivery system of physicians, hospitals and health care services throughout eastern Massachusetts.

Partners HealthCare System, Inc.

ROLE: Parent company of The Massachusetts General Hospital and The Brigham Medical Center, designed to take a leadership role in restructuring health care in the region, ensuring delivery of high-quality, cost-effective medical care and meeting the teaching and research goals of affiliated institutions.

INCLUDES: The Massachusetts General Hospital (including the General Hospital, the MGH Institute of Health Professions, the Massachusetts General Physicians Organization, McLean Hospital, Spaulding Rehabilitation Hospital and other affiliates) and The Brigham Medical Center (including the Brigham and Women's Hospital, the Brigham and Women's Physician Hospital Organization and other affiliates).

GOVERNANCE: By a 12-member Board of Trustees. Initially, six representatives from The Massachusetts General Hospital and six from The Brigham Medical Center were chosen to serve as trustees.

Partners Community HealthCare, Inc. (PCHI or "Peachy")

ROLE: An integrated health care delivery system affiliated with Partners and designed to offer patients a continuum of well-coordinated, high-quality, cost-effective care through an organization capable of providing these services to purchasers of health care on a managed care or capitated basis.

INCLUDES: All of the organizations listed to the left, plus a large number of primary care physicians and selected community hospital-physician organizations.

GOVERNANCE: By a 15-member Board of Trustees. The majority of trustees are practicing physicians. The board consists of the Partners chief executive officer, the PCHI president, the PCHI medical director, two Partners trustees (who are not physicians), two General Hospital physicians, two Brigham and Women's Hospital physicians and six community physicians.

Clarification

Decades-old radiation studies prompt media attention

Last Monday's Boston Globe *included a story describing radiation studies done at the MGH in the 1950s and 1960s. The story raised questions about the appropriateness of such practices. The following information may help employees and staff more fully understand these complex issues.*

UNTIL recently, few treatment options were available to patients with brain tumors. The emerging field of radiation therapy in the late 1940s, 1950s and early 1960s provided some hope to patients and families. One particularly complex and deadly type of tumor called a glioblastoma was the focus of clinical studies performed by William Sweet, MD, a neurosurgeon at the MGH, during the post-World War II era.

Sweet discovered that when boron is introduced into the bloodstream, its concentrates in brain tumor tissue. If radiation then is delivered to the brain, the boron atoms split, helping to destroy the tumor. In the laboratory, Sweet and others studied and refined this approach, called boron neutron capture therapy (BNCT), and it showed promise. He then moved BNCT into clinical studies on patients with terminal brain tumors.

According to Sweet, patients diagnosed with glioblastoma and their families were informed about the grim outlook of the options. For glioblastoma patients interested in undergoing BNCT, Sweet says he always explained fully that BNCT was new, uncharted territory. Patients who underwent the procedure and their families gave verbal consent, which was the accepted practice at the time.

Unlike the standards of 1950s and 1960s, federal guidelines today, for example, require elaborate written documentation and informed consent for any patients partipating in research. While standards have evolved — and continue to evolve today — the MGH has always been a leader in emphasizing the protection of the rights and well-being of patients.

BNCT was abandoned in the early 1960s because it did not prove to offer the cure that Sweet and his colleagues had hoped. However, a version of BNCT using modified doses of radiation and new, more selective boron compounds is being re-examined today at the Brookhaven Laboratory in New York as a possible treatment for glioblastomas, which continue to be incurable. Another type of malignant tumor, melanoma, has been successfully treated with BNCT in clinical trials.

The *Globe* story also mentioned the practice of performing brain surgery on patients who are awake. While this practice may seem startling, the brain itself has no mechanism for sensing pain, and it is often safer for the patient to be awake to provide feedback to the surgeon. Local anesthesia is used to block any pain associated with the incision. To this day, surgeons continue to perform certain neurosurgical procedures on patients who are awake and alert and who feel little discomfort during surgery. ●

Putting diversity into action

The MGH's renewed and expanded commitment to diversity was the impetus behind the first Diversity Job Fair May 25, co-sponsored by the Alliance of MGH Minority Professionals, where representatives from the MGH and its affiliates met with a diverse group of prospective employees and staff.

June 2, 1995

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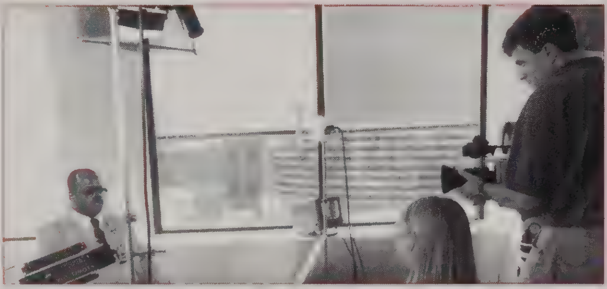
MGH HOTLINE

Lights, camera, *action*



The focus on patient satisfaction will become a little clearer in a video that brings to life some of the data and analysis from the recent inpatient satisfaction survey. Video segments of interviews with MGH patients after they have been discharged from the hospital personalize the information gained through the survey. The video, expected to be completed this summer, will be available to help hospital staff and employees better understand the patient experience at the MGH. In photo above, MGH patient Desmond Caldwell answers questions posed by Elizabeth Mort, MD, MPH, of the Medical Practices and Evaluation Unit, as the conversation is filmed by Edward Bones from the Harvard Medical School Media Services Department.

Sexual assault nurse examiner program planned

Earlier this year Governor William Weld announced the formation of a statewide Sexual Assault Nurse Examiner program aimed at providing specialized care for sexual assault victims. Gail Lenehan, RN, MS, CS, of Emergency Services at the MGH, worked with the state to establish protocols and standardize training for the program, which will provide comprehensive health care including medical treatments and psychological counseling. Training for 10 to 15 nurses may begin as soon as this summer. For more information call 4-4129.

Women's Connection speakers

Women's Connection, a career development group for women working at the MGH, will sponsor a noon luncheon featuring Helen Doherty, RD, director of Dietetics, June 8, in the Wellman Conference Room. The next lecture, featuring Patricia Hennessy, a lawyer in the Partners Legal Office, will be June 12, 5:30 pm, in the Burr Conference Room, Bartlett Extension, third floor.

The Women's Connection mission is to assist women at every level and in all departments by providing information and facilitating open communication within the hospital. The group can be reached by dialing 6-5000 then dialing 133-5503 and leaving a message.

Women needed to help evaluate video

Women who have had benign uterine conditions are being sought to help evaluate a pilot video by the hospital's Medical Practices Evaluation Center. Participants who have been diagnosed with a noncancerous uterine condition such as fibroids, abnormal bleeding or chronic pelvic pain will receive a small stipend. Call Diane Shirly at 4-4646 for more information.

in on the GROUND FLOOR

The former site of the MGH General Store will soon house an exhibit detailing construction plans for the ground floor and the renovation of the General and East cafeterias (See *Hotline,* Dec. 16, 1994). Entitled "The Changing Landscape of the MGH," the exhibit will include architects' plans and renderings for the current project, set in the historical context of seldom-seen archive photographs and hospital site plans. The exhibit will open later this month. Further details on the various phases of the project will be provided in future issues of *Hotline.*

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Thyroid screening offered

To identify people with undiagnosed thyroid disease and to raise community awareness of the symptoms of overactive and underactive thyroids, the Massachusetts Thyroid Awareness Coalition will offer low-cost thyroid screening tests next week at four Boston-area sites, including the MGH. For more information and to set up an appointment, please call 1-800-TEST-TSH.

First Partners nursing conference

The departments of Nursing at the MGH and BWH are sponsoring the first Partners HealthCare System Nursing Conference June 12, from 8 am to 4:30 pm at the BWH Louis Bornstein Family Amphitheater. The conference is intended to increase awareness of nursing contributions within the network and to facilitate networking among Partners institutions.

Nurses from the MGH, BWH, MGH Institute of Health Professions, Spaulding Rehabilitation Hospital, Spaulding/MGH Home Health Agency and Shaughnessy-Kaplan Rehabilitation Hospital/ North Shore Medical Center, will present aspects of caring for patient populations across the health care continuum.

Attendees can register in advance by calling Quality, Research and Development Services at 6-3111. Attendees can register on the day of the conference from 7:30 to 8 am. There is no charge for members of Partners institutions. Nursing contact hours will be awarded. For more information please call Brian French, RN, MS, at 4-7843.

June 9, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

Seed grants support collaborative research

FIVE RESEARCH TEAMS, each comprised of investigators from both the MGH and BWH, have received $60,000 grants from the Partners Research Task Force to support new joint studies. The seed grants were designed to encourage projects with the potential to develop into long-term collaborations that would attract additional outside funding. Nearly 100 applications were received for the one-year grants, making the selection process particularly competitive.

"The quality of the applications was extremely high," says William Terry, MD, BWH senior vice president for Research and Ventures and a member of the research task force. "Because we only had a limited amount of money for the grants, only a fraction of really excellent submissions could be funded."

Ronald Newbower, PhD, MGH senior vice president for Research and Technology and a task force member, adds: "The response clearly represents an intense interest in collaboration among scientists at both hospitals. We hope and believe that some of the projects we were not able to fund also will develop into research partnerships with successful outcomes."

Grant recipients and their projects are as follows:

Robert Brown, MD, PhD, MGH Neuromuscular Research Laboratory; **Matthias Hediger, PhD,** BWH Renal Division, and **Jeremy Shefner, MD, PhD,** BWH Neurophysiology Laboratory, will study how transport of the amino acid glutamate and damage caused by free radicals play a role in neurodegenerative diseases, specifically amyotrophic lateral sclerosis (Lou Gehrig's disease).

Joanne Ingwall, PhD, BWH NMR Lab for Physiological Chemistry, and **Douglas Lewandowski, PhD,** MGH Radiology

(Continued on Page 4)

MGH moves downtown

BOSTON'S Freedom Trail witnessed another historic event April 26 with the opening of a new MGH primary care practice at Downtown Crossing. Located at 294 Washington St., diagonally across from The Globe Corner Bookstore, MGH Downtown sits in the heart of the city's business and financial districts.

MGH Downtown patient Philip Conley says: "I work in the financial district, and a trip to the doctor has traditionally been an inconvenience. But this new location is terrific. It's downtown, and it's MGH. You know you've got the best."

Mark Costa, MD, who serves as medical director of the practice, leads what he calls an exceptionally congenial staff. "Everyone at MGH Downtown is here to serve the patient," he says. "We consistently commit ourselves to three things: availability of quality health care services; affability, putting the patient first; and accessibility, making it easy for patients to get here."

Costa is joined in the practice by two additional primary care physicians, Steven H. Gardner, MD, MPH, and Alan W. Jenest, MD, both of whom specialize in internal medicine. Anna C. Vouros, MD, also an internist, will join the group in September.

(Continued on Page 2)

Charlestown loves a healthy heart

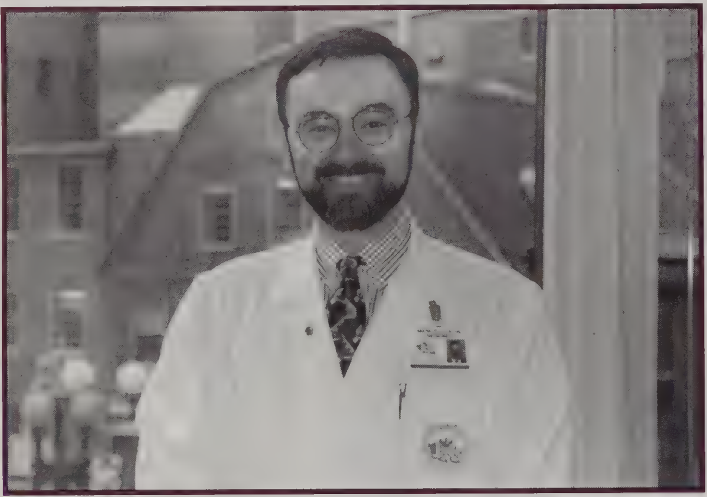
The Bunker Hill Health Center's (BHHC) annual health fair, "Charlestown Loves a Healthy Heart," was held in April at Johnnie's Foodmaster. Originally organized in response to a 1986 study that found more deaths from heart disease in Charlestown than in any other Boston neighborhood, the fair offers free blood pressure and cholesterol screenings, as well as information about heart disease and its risk factors.

Left: Carol Murphy, LICSW, of BHHC's Mental Health/Social Service Unit, explains to Dorothy Harris of Charlestown the effects excess stress can have on the mind and the heart. **Right:** Agnes Kacvinsky of Charlestown has her blood drawn by Marie Barton, a phlebotomist in the BHHC Blood Lab, as part of her free cholesterol screening.

— MGH moves downtown

(Continued from Page 1)

In addition to offering early morning and evening hours, the MGH Downtown patient-focused approach becomes evident at the front door. The practice occupies 10,000 square feet of space on the second floor of the stately Old South Building. A marble staircase leads to an expansive and comfortable reception area, with floor-to-ceiling windows overlooking a steady flow of business people and tourists.



Mark Costa, MD, MGH Downtown medical director

Twelve examination rooms are arranged in a central hub design to streamline each patient's care and ensure privacy. Should patients require additional tests, MGH Downtown maintains a variety of on-site services.

"The practice also incorporates what we regard as a vital part of high-quality patient care, and that's education," Costa says. MGH Downtown is expected to maintain an on-site patient learning center and multimedia resource library. Patients will be able to learn about health issues, illnesses, procedures and treatment options.

For example," says Costa, "a woman who is weighing treatment options for menopause can learn about estrogen replacement. She can review the materials here or borrow reference materials to study at home. This way the patient becomes an informed and active part of the decision-making and treatment-planning process."

Similarly, the group plans to support the MGH mission of educating future academic and practice leaders in health care by offering on-site training for medical students and residents, who will be able to gain first-hand training and experience in a group practice setting.

Those interested in meeting any of the MGH Downtown physicians or touring the new facility can call 4-3313. ●

Gene Therapy Center gains support

At a Palm Beach, Fla., dinner for MGH donors last year, Melvin and Barbara Nessel listened as Mason Freeman, MD, head of the MGH's Lipid Metabolism Unit, told the story of a 4-year-old girl who had been taken to a hospital emergency room suffering from chest pains. Because the child had inherited two defective genes for a protein largely responsible for "cleaning away" so-called "bad" cholesterol, she had suffered a heart attack and eventually died of complications from heart disease.

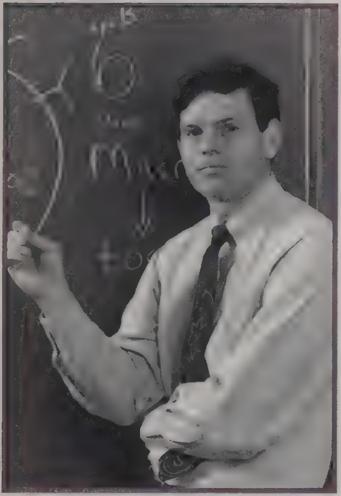
"We want to work on treatments for those whose genes have betrayed them," explained Freeman. "We want to take what we learn from what happens in the most dramatic, heartbreaking cases and find ways to apply that knowledge to help all patients whose illnesses might be improved through the use of genetically based therapies."

As the Nessels listened to Freeman and his desire to create a center for gene therapy at the MGH, their thoughts traveled to their 9-year-old grandson, Alex, who suffers from Prader-Willi syndrome, a rare genetic disorder characterized by an uncontrollable appetite that leads to obesity.

Knowing that a solution to their grandson's genetic disorder might someday be fostered by the very gene therapy techniques described by Freeman, the Nessels, long-term generous MGH contributors, donated $500,000 to establish the MGH Barbara and Melvin Nessel Gene Therapy Center. Freeman co-directs the new center, which opened on Jackson 13 in December 1994, with Brian Seed, PhD, a researcher in the MGH Department of Molecular Biology.

An emerging discipline, gene therapy bridges the gap between basic science research and clinical care. The goal is to use genetic material as a therapeutic agent. One of the advantages of this approach is that genetic treatments, unlike most traditional drug therapies, are potentiallly permanent and therefore truly curative.

While most of the initial interest in gene therapy has focused on the treatment of illnesses that result from the inheritance of defective genes (for example, cystic fibrosis or hemophilia), the potential of gene therapy to contribute to improved therapies for diseases like cancer and heart disease is at least as great. Enthusiasm over the potential of genetic solutions for complex diseases led the MGH to establish the first gene therapy center among the teaching hospitals affiliated with Harvard Medical School.



Mason Freeman, MD

Says Freeman: "The expertise needed to advance this form of therapy requires diverse talents that are simply not available anywhere other than a university-[illegible]iated medical center, and the academic hospital is the only venue where genetic therapies can be developed and then employed." Early stage clinical trials of gene therapy are currently under way at the MGH in patients with cystic fibrosis and cancer. ●

Second Lady visits McLean

Mary Elizabeth "Tipper" Gore, wife of the U.S. vice president, discusses mental health issues with Steven Mirin, MD, McLean Hospital's chief executive officer and psychiatrist-in-chief, during her recent tour through the MGH-affiliated hospital.

Parking changes to be implemented this month

IMPLEMENTATION of the new parking strategy *(See Hotline May 19)*, requiring the re-allocation of approximately 200 parking spaces, will begin later this month and continue through the summer. The new strategy is designed to free up spaces closest to the hospital for patients and visitors, who indicated in the hospital's recent inpatient satisfaction survey that parking was difficult for them. The change will mean that some MGHers and their department guests will no longer park in the front garages and the Charles Street Jail Lot and instead will be asked to use shuttle service to satellite parking locations.

To prepare the construction area for the Northeast Proton Therapy Center, which is scheduled to be fenced off June 21, certain parkers will need to relocate immediately. As determined by the parking committee, physicians and house officers will have priority for front area spaces, though some exceptions will be made, such as front spaces for disabled employees. Parking Office staff members are in the process of contacting those who are directly affected by the immediate move.

A range of other parking options is available on a first-come first-served basis, and an increase in shuttle service will mean those on the waiting list for parking can now be accommodated.

Approximately 150 spaces currently are available for $60 at CNY, which has regular shuttle service to the main MGH campus. Rates at CNY are expected to increase to $75 later this summer as part of the move over the next three years away from subsidies and toward market rates for all hospital garages to support improved shuttle service.

Arrangements also have been made for parking spaces at area garages, including Safe Harbor in Government Center and the Museum of Science. The Boston Garden Garage is expected to open in a few months and also may be a site for MGH parking.

"We realize those employees who are being asked to relocate are being inconvenienced," says Bruce Ernst, director of Operations Program Planning. "Although the changes may mean a change in routine for some employees, they will improve the parking situation for our patients — the top priority for this hospital and all staff and employees."

The parking committee has worked to find a solution that balances employee and staff needs with those of patients by involving representatives from the areas most affected. The committee, led by Ernst, includes: Lloyd Axelrod, MD, Department of Medicine; Jeff Davis, senior vice president for Human Resources and Continuous Improvement; Theresa Gallivan, RN, project manager; Debra Weinstein, MD, director of graduate medical education; and Parking Office staff.

Those interested in alternative parking options or who have questions about rates and dates can call 4-3168. Materials describing new parking options will be available at the Fruit Street Garage Office as of June 15. ●

What's Happening

Gay/Lesbian/Bisexual Alliance

The next meeting for the Gay/Lesbian/Bisexual Alliance will be June 16, at noon, Bartlett Extension, third floor Conference Room C. For further information, call the voice mail at 6-5687.

Riding for research

Paul Tamburello of Watertown will donate the proceeds from his solo 130-mile bike ride to the MGH Research Laboratories for investigation into the causes and treatment of amyotrophic lateral sclerosis (also known as Lou Gehrig's disease), a fatal neuromuscular disease. Those interested in supporting Tamburello can call him at 924-5693.

Reminder: First Partners nursing conference June 12

The departments of Nursing at the MGH and BWH are sponsoring the first Partners HealthCare System Conference on Nursing June 12, from 8 am to 4:30 pm, at the BWH Louis Bornstein Family Amphitheater. For information call Brian French, RN, MS, at 4-7843.

WIC outreach campaign

The Massachusetts Women, Infants and Children Nutrition program has begun an outreach campaign to educate patients about eligibility for the program. Even many working parents and some two-income families can take advantage of WIC services. Health care providers with any questions are encouraged to call WIC at the local office at 889-8509 or 889-8523 or the state office at 1-800-WIC-1007.

Hair Care Center Re-Opening

All MGHers are invited to the grand re-opening of the beauty shop, now called The General Hair Care Center, June 15 from 11 am to 3 pm on Founders 1. Participants will have the chance to win door prizes and refreshments will be served. The newly renovated center offers a variety of services including haircuts, perms and coloring. For more information or to make an appointment, call Kathleen Gill at 6-3211.

MGHHOTLINE

SPECIAL SUPPLEMENT

Hotline focus group comments

THIRTY-FIVE MGHers representing a cross section of employees and staff recently participated in focus groups to evaluate Hotline. The input was valuable in directing the course of change in the evolving publication. Here are some of the comments participants voiced:

- Most agreed that the four-page, 8½-by-11 inch format makes *Hotline* easy to handle and read. Many people read it on the run, and the style allows readers to become informed without being overwhelmed.
- *Hotline* readers said they look at headlines and photos first, then read at least some stories. People generally would like to see more photos.
- Focus group participants said they like variety in stories, ranging from items about patients and colleagues to longer pieces about patient care or research, because, as one participant said, "These stories remind us why we are here."
- People said they generally like information about plans for the hospital's future, such as strategic planning, and want to be kept up to date.
- Many said they read the "What's Happening" and "In General" columns to find out about hospital events and their colleagues. Some said the "In the News" column is not helpful because the media coverage is usually announced after the fact.
- Some thought *Hotline* coverage of Partners news provides excessive information and seems dry or "corporate." Others said they wanted detailed information about Partners and the hospital newsletter was the best place to get it.
- Many thought that coverage was not broad enough and needed to be more comprehensive in including all departments, employees and off-site locations.
- Readers said they look to *Hotline* to keep them informed about the hospital, in the words of one participant, "to bring the many fragments of the MGH together and encourage camaraderie."
- Participants said they want to hear about projects when they are in the works, not just after projects are complete or decisions already have been made.
- Some said they would feel more connected to senior leadership if *Hotline* included regular messages from top administrators. Others thought leaders' opinions should be incorporated into regular stories. Most agreed they would like to see photos of leadership "so we can connect names and faces."
- Some expressed an interest in a question and answer column to combat the rumor mill, but others felt such a column would end up sounding canned.
- Some wanted *Hotline* to include information about current issues that relate to or affect the MGH, especially those that are sensitive or difficult and receive media coverage.
- A few said they see *Hotline* as hospital "propaganda" that fails to address or glosses over difficult issues.
- Participants felt that a column featuring MGH historical facts or trivia would be entertaining and offer a glimpse at hospital tradition.
- People at the main campus were pleased with the *Hotline* boxes on hallway walls and thought distribution at the health centers is effective; some participants said that the distribution at CNY could be improved.
- Most were unsure about how they should submit story ideas and if such ideas would be welcome.

MGH**HOTLINE**

Special Supplement

Evaluating *Hotline* to respond to MGH staff and employee needs

A CROSS SECTION of MGH employees and staff in April and May participated in focus groups designed to evaluate *Hotline*, the hospital's weekly publication. To ensure that the newsletter was responding to the needs of a wide variety of audiences throughout the MGH community, Public Affairs staff solicited comments about the content, look and distribution of the *Hotline*, which has appeared in its current format since October 1994. The feedback will help staff tailor the newsletter to the changing needs of the MGH community.

Changes planned for upcoming issues include progress summaries of projects and on-going activities in the existing "What's Happening" column, which traditionally has alerted readers to upcoming events; a new column highlighting tidbits about the institution's tradition and history; and, when appropriate, additional pages to cover more news. The "In the News" column, which has listed information about past MGH media coverage, will focus on announcing upcoming media appearances.

Hotline also will include more photos, when possible, showing MGH people, patients, work and activities; will cover Partners news in a more concise way; will feature departments, units and programs throughout the institution; and will cover major developments at McLean Hospital, the MGH Institute of Health Professions, Massachusetts General Physician Organization, Spaulding Rehabilitation Hospital, MGH/Spaulding Home Health Care, BWH and other Partners affiliates.

While one weekly newsletter cannot cover everything that happens at an institution as large as the MGH, the more information gathered by Public Affairs, the better the publication will be. MGHers are encouraged to contact the Public Affairs staff members listed below with suggestions or ideas. ●

If you have any news tips or story ideas, the Public Affairs staff would like to hear them. Information can be relayed to any Public Affairs staff member by calling 6-2206, faxing to 6-7475, sending e-mail to HOTLINE, or mailing to the Public Affairs Office at 101 Merrimac St., fourth floor.

For *Hotline* news and tips call:

Wendy Matarazzo	**4-2753**
or Jeff Wdow	**4-6425**

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Speech-Language Pathology Department receives one of the first customer service grants

JULIE ATWOOD, director of the Speech-Language Pathology Department, envisioned a way to make time spent in waiting rooms useful and interesting. As one of the first recipients of an MGH Customer Service Grant, she was able to implement her idea by purchasing televisions, VCRs and educational videos.

"People who are waiting either for an appointment or while someone is in treatment are a captive audience," says Atwood. "Viewing an educational video is a productive way to pass the time."

Atwood used most of the grant funds to purchase equipment for the Speech-Language Pathology Department waiting room on the MGH main campus and the pediatric waiting areas in the Bunker Hill and Chelsea health centers. The remainder of the money was spent on educational videos related to speech and language.

According to Atwood: "Families, friends and partners should be directly involved in the treatment process. But there is a general lack of awareness about speech and language disorders. Viewing the tapes will increase awareness and help families understand what their loved one is encountering and, more important, how they can help."

Staff at the Bunker Hill and Chelsea health centers have taken this idea one step further. "Because our televisions are installed in general waiting areas, not just Speech-Language Pathology, we are developing a library of tapes on a variety of subjects, such as safety, immunizations and nutrition," says Carol Mark-Dinkes, unit coordinator of Speech-Language Pathology at the MGH, Chelsea and Revere. "Other staff members are collaborating by donating and loaning tapes to the library."

The Customer Service Grant Program was established to provide funds for customer service improvements and to encourage employees to think about customer service and include such elements in capital budget requests. The grant program buttresses the Service MGH program, a hospitalwide training effort designed to ensure patient, employee and staff satisfaction and good service.

Two other grants have been awarded since the grant program's inception: one to Daniel Shannon, MD, for a patient education video, and the other to the Women's Health Care Committee for a directory of services for patients.

Staff and employees can apply for grants of up to $2,500 per project by submitting a funding request proposal or an "idea sheet" including how the money will be used and what improvement will be made in customer service. Applications can be obtained in the Training and Organizational Development Office in Charles River Plaza on the second floor, or by calling Dee Dee Magers, Service MGH program manager, at 4-3241. ●

Carol Mark-Dinkes, Speech-Language Pathology Unit coordinator at MGH, Chelsea and Revere (standing), uses the new equipment at Chelsea Memorial Health Center to explain the process of normal development of communication skills to Theresa Jenner (seated left), whose son, Andrew, just finished a treatment session, and to Rebecca Kennedy, MSW, a social worker affiliated with a Chelsea day care center (seated right).

MGH Hotline
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MGH Development and
Public Affairs Office

Wendy Matarazzo
Jeff Wdow
Editors

Extension 6-2206
FAX 6-7475

—Partners seed grants

(Continued from Page 1)

Department, will use state-of-the-art nuclear magnetic resonance techniques to study the molecular basis of heart failure in a mouse model.

Andrew Luster, MD, PhD, MGH Infectious Disease Unit, and **Craig Lilly, MD,** BWH Pulmonary Division, will investigate the role of the protein eotaxin in an animal model of asthma with the hope of developing new drug therapies.

Steven Porcelli, MD, BWH Rheumatology and Immunology Department, and **Mary Vermeulen, PhD,** MGH Pulmonary and Critical Care Unit, will study how the bacteria responsible for tuberculosis evades the normal responses of the human immune system.

James Rheinwald, PhD, BWH Dermatology Division, and **Daniel Haber, MD, PhD,** MGH Cancer Center, will examine the function in normal human cells of a gene associated with the pediatric cancer Wilms' tumor. ●

June 16, 1995

MGH**HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Ground Floor construction project gets ready to roll

CONSTRUCTION will begin in July for the ground floor reconstruction project, one result of the hospital's strategic facilities planning process that will transform the landscape of the MGH *(See Hotline, December 1994).*

The project epitomizes the hospital's most important guiding principle, recently articulated in the strategic planning process: "The MGH is committed to excellence in health care, and places the needs, convenience and comfort of its patients ahead of all other considerations."

in on the GROUND FLOOR

But well before that, in April 1994, a strategic facilities planning process was initiated that involved more than 200 employees and staff in discussions leading to a clear consensus: The MGH facilities are confusing, unfriendly and inconvenient.

"We are all acutely aware that the circulation of the existing ground floor is constrained by narrow corridors that are confusing for patients, visitors and staff to navigate," notes Nina Rubin, MD, chair of MGH Staff Associates, director of the Hemodialysis and Continuous Ambulatory Peritoneal Dialysis units and a member of the Ground Floor Steering Committee. "We lack basic amenities such as adequate lobby seating, an appropriate surgical waiting area, telephones, restrooms, wheelchairs and adequate storage for them, newsstands and multilingual signage. The new first floor plan, the patient resource center, and major improvements in the food service areas are critical aspects of patient-focused care and will provide a warm, welcoming, efficient environment from the moment one enters the institution. We need a facelift to be ready for the 21st century."

The project is being overseen by the Ground Floor Steering Committee, led by Samuel Miller, senior vice president for Operations and chief information officer.

As the implementation of the plan unfolds, *Hotline* will report on the major aspects of the project in a series of articles over the coming months. A visual overview of the plan will be on display at the site of the former General Store, including archival photographs that testify to how the MGH has renewed itself again and again throughout its history.

The major components of the plan and a rough construction timeline follow:

July 1995

- The WACC Cafeteria expands into the lobby area in preparation for the temporary closing of the main cafeteria in the Gray basement. *Scheduled for completion in August.*
- Construction begins for a 217-seat auditorium on the ground floor of the Blake Building behind the MGH General Store and Flower Shop. The auditorium will compensate for the expected closing of the Shriners Burns Institute Auditorium in the fall. *Scheduled for completion in October.*
- A refurbishment for the Warren Lobby begins. *Scheduled for completion in September.*

September 1995

- The main cafeteria in the Gray basement closes for renovation. The East Dining Room remains open until May. Expanded food service in the WACC Lobby and at other sites offsets the closing of this facility. Both cafeterias are scheduled to reopen during the first week after Labor Day, September 1996.
- Reconfiguration of space occupied by the Medical Walk-In Unit begins (necessary to accommodate the expansion of the White Information Desk into the WACC). The unit

(Continued on Page 2)

Thank you mentors!

The students who participated in this year's MGH-Timilty Science Connection recently held a special breakfast to thank their MGH science project mentors. Nearly 100 people gathered for breakfast in the grand ballroom atop the Holiday Inn on Blossom Street, overlooking the Charles River and Boston skyline. Joan Fitzmaurice, RN, PhD, Quality, Research and Development, Department of Nursing, (pictured) received special recognition for her role in leading and expanding the scope of the Science Connection program. For information about becoming a mentor to a Timilty Middle School student, contact Andrea Gwosdow, PhD, at 4-3210.

From school to work to the community: The Bridge School concept

ON A HOT, breezy, sunfilled afternoon in May, dozens of Chelsea residents learned about disease prevention at information tables set up in front of City Hall. The health fair capped a yearlong public health project by the students at Chelsea High School's Bridge School, a school-within-a-school program which, in partnership with the MGH Chelsea Memorial Health Center, explored public health issues in Chelsea. The curriculum includes hands-on public health projects carried out within the neighborhood that help students develop an appreciation for their community.

One student project was a citywide immunization effort for all Chelsea residents. After learning the basics of immunology in biology class, students spent time with Gail Gall, RN, ANP, an MGH nurse practioner and program director of the Chelsea High School Health Center, to learn firsthand about immunizations. Upon completion of the program, students were encouraged to go into the community and help teach the importance of immunizations. The students, it turns out, were among those most in need of vaccinations.

"There has been a definite increase in appointments for vaccines at the high school's clinic," says Gall. "Many of the students are new immigrants and never received immunizations as children. As a result of this project, students are much better about keeping their appointments and following up on their immunizations."

This hands-on experience has given the students a sense of pride in themselves and has increased their interest in both the school and the community. "The kids really worked diligently on this project all year—and it shows," says Robin Glaser Milbury, a teacher at the Bridge School and the project coordinator. "At first they participated because they had to, but as time went by they began to immerse themselves in the project. The health fair was their idea, their conception. They ran with it, and they did a great job."

The fair included information about the prevention of pregnancy and sexually transmitted diseases, blood pressure screenings, smoking cessation, lead paint testing and the importance of immunizations. All brochures and displays were written in both Engli[illegible]nd Spanish. The students also [illegible]signed a logo for the Bridge School and printed it on the T-shirts they wore at the fair.

Eighty students between the ages of 15 and 19 participated in the partnership's successful first year. The Bridge School faculty plans to continue working with the Chelsea Memorial Health Center in the coming years and aims to increase the number of students involved in the program. ●

The Chelsea Bridge School Health Fair sponsored several preventive health screenings. Gail Gall, RN, ANP, prepares to check Chelsea High student Sothea Rath's blood pressure.

— Ground floor project

(Continued from Page 1)

will remain open throughout construction. *Scheduled for completion in December.*

November 1995

- Refurbishment of the Gray Lobby and the widening of the Gray crossroads area begin. The expansion will accommodate an information desk and other patient amenities. *Scheduled for completion in April 1996.*

January 1996

- Expansion of the White Information Desk into the WACC begins. *Scheduled for completion in March.*
- Widening of the White corridor from 8 feet to 20 feet begins. The design features floor-to-ceiling glass windows looking out onto the Bulfinch Courtyard. *Scheduled for completion in September.*

February 1996

- Construction begins of a protective canopy along the side of the WACC leading to the White entryway. *Scheduled for completion in June.*

March 1996

- Work begins on one side of the White entryway. *Scheduled for completion in June.*

May 1996

- The East Dining Room closes as renovations begin. *Scheduled for completion in September.*

June 1996

- Renovation of the White Lobby and entryway continues, including the construction of a glass seating pavilion and a dramatically larger waiting area. *Scheduled for completion in November.*
- Renovation of the Cox Lobby begins. (This work may start earlier.) *Scheduled for completion in October.*
- Work begins on the other side of the White entryway. *Scheduled for completion in October.*

September 1996

- Construction of a surgical waiting area adjacent to the Gray Lobby begins (pending relocation of the Dialysis Unit). *Scheduled for completion in February 1997.*
- The Cardiac Catheterization Laboratory is expanded. *Scheduled for completion in November 1996.*
- Construction begins for a patient resource center at the present site of the White administration offices. *Scheduled for completion in December 1996.*

October 1996

- Refurbishment of the existing White corridor begins. *Scheduled for completion in January 1997.* ●

Strategic MGH Planning

In March, strategic planning retreats for MGH leadership provided an opportunity for middle and senior management to discuss the values and principles directing the course of decision-making and change at the MGH. The following interaction is an example:

Q: Why is there a sudden emphasis on providing patient- and family-focused care? Isn't that what we've always done?

A: *The term "patient-focused care" describes an approach that consciously [illegible]ts the patient's perspective. It is recognizing that what patients say is vital in shaping the care and services provided. Employees and staff must take this feedback—whether positive or negative—and look at systems, processes and themselves to ensure that the institution is responding to patient needs.*

Patient- and family-focused care is not delivered exclusively by clinical staff. It's something everybody must practice. The MGH defines patient-focused care as high-quality, comprehensive, accessible, supportive and personalized in nature. It means that patients and their families are our number one priority and the basis for all decisions.

Gail Kuhn Weissman, EdD, RN

The addition of family to the concept of patient-focused care is intentional. We recognize that family members, close friends and significant others affect patient experiences of illness and their long-term health and happiness. The concept of family must be expanded to include anyone the patient recognizes as having a legitimate and genuine interest in his or her well-being and care, regardless of biological or legal relationships. Families often want, need and deserve the same things as patients — information, understanding and respect.

Although we all have experienced the MGH at its best, we still see on a daily basis patients waiting a long time to see their providers, lost in our halls, confused by a lack of information, frustrated by a bill or burdened with trying to coordinate their care.

Patient-focused care means that staff and services go to the patient rather than the patient moving from place to place. It means changing the parking policy so the most convenient spaces are reserved for patients and families. It means offering assistance to the visitor who is obviously lost without being asked for help. And it means that everyone who works or volunteers at the MGH understands these priorities and incorporates them into their daily work.

— Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive

Heartburn or heart attack?

IN THE EARLY morning hours a 55-year-old man complaining of persistent chest pain is wheeled from an ambulance into the Emergency Department (ED). While the pain could be caused by relatively harmless indigestion or muscle injury, meaning limited intervention and a rapid recovery, it also could signal a myocardial infarction (heart attack). Careful and efficient evaluation of certain low-risk patients with chest pain is th[illegible]oal of the new Chest Pai[illegible]bservation Unit (CPOU), scheduled to open June 19.

When a heart attack is obvious or suggested, a patient is admitted to the Coronary Care Unit (CCU) or to a telemetry unit. But even when preliminary tests are normal, patients still need to be monitored for a short period because follow-up tests are sometimes necessary to rule out a heart attack.

The ED and Cardiology collaborated to establish the CPOU to evaluate low-risk patients who require observation and testing to rule out myocardial infarction. Using guidelines for the Bedded Outpatient Program, designed for patients who are on a unit for less than 24 hours and who do not meet inpatient criteria, the staff of the CPOU are able to complete workups efficiently and decide during the observation period whether these patients should be discharged or admitted for further evaluation and possible intervention.

"The goals of the CPOU are to increase efficiency of care, establish a uniform standard of care, minimize practice variation and improve the quality of care," says David Read, MBA, MPH, project manager in the Clinical Care Management Unit. "As a result, we increase the cost effectiveness of evaluation and treatment for these patients and enhance patient satisfaction."

To improve patient flow in the ED, patients will be moved to the four-bed CPOU on Ellison 11 within three hours after arriving at the ED.

Patients who have not had a heart attack will undergo an exercise stress test, available seven days a week, before discharge. Caregivers will call patients to see how they are doing and to schedule future appointments, if necessary. To monitor care provided in the CPOU, patients will be surveyed about their experiences and their level of satisfaction with their care. Changes resulting from feedback will be incorporated as the program develops. ●

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WHAT'S HAPPENING

NEITHER RAIN NOR SLEET ...

The Dietetics Department and Materials Management (Mail Services, Patient Transportation and Internal Distribution) are piloting a mail distribution program that enlists nutrition service coordinators to pick up and deliver mail on inpatient units twice a day, 7:30 am and 5 pm. The interdepartmental initiative is designed to increase efficiency of daily mail delivery and allow Materials Management to use its resources for other hospital initiatives. For more information, contact Dale Parechanian at 6-2261, Patrick Baldassaro at 6-2538, or John Couris at 6-2278.

PATIENT LOCATION

The hospital's patient information line, 6-2070, provides general information about inpatients, such as location and phone numbers. Using this line allows staff at the information desks to focus on helping visitors.

NEW MAPS

New hospital maps are available to help direct visitors. On one side is an up-to-date map of the main campus, while the reverse side has a map of surrounding campus locations. Pads of these maps (item number 0010027) are available through Standard Register at 4-1717.

NAME CHANGE

To better reflect the work being done on the unit, the Surgical Day Care Unit on WACC 3 has changed its name to the Same Day Surgical Unit.

The Same Day Surgical Unit cares for a variety of patients: same-day admissions, same-day surgery patients, Pain Unit patients, radiology patients and electroconvulsive therapy patients.

Reflecting a change in health care delivery, same-day admissions have risen 60 percent during the past three years. A year and a half ago the unit expanded to accommodate this added volume.

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Submit news tips and story ideas to HOTLINE co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Public Affairs Office at 101 Merrimac St., fourth floor.

OFF-HOURS BLUE CARDS

Emergency registration staff began printing outpatient blue cards last month, enabling emergency patients to register or update their information at a single location. Now other patients with off-hours appointments, also can obtain blue cards from the Emergency Department. For more information, contact Eileen McNamara at 6-5359.

UNITED IN DIVERSITY

MGHers are encouraged to attend the fifth annual MGH Cultural Diversity Awareness Day, sponsored by the Cultural Diversity Committee and the Human Resources Department, June 30 from 11 am to 4:40 pm under the Bulfinch Tent. This year's theme, "United in Diversity," showcases the valuable contributions made to the hospital community by all the diverse cultures represented by MGH patients and staff. Through food, entertainment and a multicultural marketplace, the day provides an opportunity to explore, discuss and celebrate diverse strengths. A multicultural menu will be featured in the cafeterias throughout the week of June 26.

IN GENERAL

Maureen Spencer, MEd, RN, director, Infection Control Unit, presented a review of the OSHA tuberculosis control regulations and how they affect ambulatory dermatologic care at the Dermatology Nurses Association Conference in February. At the same conference she presented an abstract on hypersensitivity to latex gloves among health care workers. Spencer also wrote a chapter on surgical site infections in the recently published textbook *Comprehensive Perioperative Nursing.*

Treadwell Library staff members **Elizabeth Schneider,** assistant director for collection and systems management; **Carole Mankin,** coordinator for research projects; and **Jacqueline Bastille,** director, published an article entitled "Practical Library Research: A Tool for Effective Library Managment," in the *Bulletin of the Medical Library Association.*

Evelyn Malkin, MSW, left, an oncology social worker, and patient Madeline d'Entremont of Dedham, admire the new aquarium in the recently renovated Cox Basement Radiation Oncology Waiting Area.

Marsha Elixon, RNc, MS, pediatric cardiovascular clinical nurse specialist, made two presentations at the conference "Advances in Cardiopulmonary Care: Heading for the 21st Century," sponsored by the University of North Carolina at Chapel Hill School of Nursing. She spoke on congenital heart disease and new technology in pacemaker therapy.

Mary Alexander, CRNI, intravenous therapy staff nurse, has been named president-elect of the Intravenous Nurses Society. She assumed her position as president-elect at the society's annual meeting in May and will become president in 1996.

Eugene Beresin, MD, psychiatrist, received the Region I (New England) Teacher of the Year Award from the Association for Academic Psychiatry. The association encourages national recognition of individuals dedicated to improving psychiatric education.

John Parrish, MD, chief of Dermatology and director of the Wellman Laboratory of Photomedicine, received the first Ellet H. Drake Award from the American Society for Laser Medicine and Surgery. The award is given to the physician who has contributed the most to innovative laser procedures, medical and scientific literature and education.

June 23, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Building financial support for the MGH

ENSURING FINANCIAL SUPPORT for hospital programs and for construction and renovation projects is the goal of the MGH Leadership Campaign. The fund-raising effort was launched in May 1992 with a goal of raising $160 million by 1997. At a dinner last week to update physician and administrative leadership, campaign leaders announced that the drive has passed the $120 million mark, and is eight months ahead of schedule.

"Philanthropy is more important than ever for the hospital to sustain its mission of patient care, research and education while continuing its tradition of leadership through this decade and beyond," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System. Two-thirds of the campaign goal, or $106 million, is directed toward research and education. Philanthropy is currently the hospital's primary source for funding for the construction and renovation of facilities without taking on new debt, so one-third of the goal is directed toward bricks and mortar.

"The current trend toward managed care focuses on cost as much, if not more than quality," notes W. Gerald Austen, MD, co-chairman of the campaign, MGH surgeon-in-chief and president of the Massachusetts General Physicians Organization. "Payors increasingly are unwilling to subsidize the teaching and research programs for which the MGH is so renowned. Thus, more and more we must depend on the generosity of our supporters to advance these essential programs."

Much of the campaign's progress is the result of the collaboration between physicians and scientists and the MGH Development Office, which helps identify, develop and maintain ongoing relationships with those interested in supporting their work.

(Continued on Page 3)

FROM THE ARCHIVES

A "monumental" tribute to the MGH

THE PUBLIC GARDENS remain one of Boston's most famous historical landmarks. For more than 100 years countless visitors and local residents have glided across the pond in the Swan Boats, witnessed the explosion of tulips in the spring, and strolled past a "monumental" tribute to an MGH medical breakthrough — the first public demonstration of the surgical use of ether as an anesthetic in 1846.

The park's oldest monument, erected in June 1868 by Bostonian Thomas Lee, stands near the corner of Arlington and Beacon Streets "to commemorate the discovery that inhaling of ether causes insensibility to pain, first proved to the world at the Massachusetts General Hospital in Boston." Sculpted by John Quincy Adams Ward, the 20-foot granite and red marble memorial remains the park's only monument dedicated to an event rather than an individual. At the time, its commissioning was somewhat controversial; many deemed it inappropriate to celebrate man's attempt to circumvent God's law by eliminating pain.

Atop the four-sided memorial, which once functioned as a fountain, sits a statue depicting the bibilical parable of the Good Samaritan. Below are four tablets, each with a different quotation or verse celebrating the relief from pain and suffering then associated with surgery. And the base features four lion heads, through which the fountain's water once flowed.

The City of Boston plans to restore the fountain one day, but for now the monument quietly reminds visitors of a revolutionary discovery in the history of medicine.

Strategic
MGH
Planning

In March, several participants of the strategic planning retreats for MGH leadership requested a description of the Massachusetts General Physicians Organization (MGPO). The following is the response of W. Gerald Austen, MD, MGPO president and chief executive officer and MGH surgeon-in-chief

The Massachusetts General Physicians Organization, a subsidiary corporation of The Massachusetts General Hospital, was established in October 1994 to incorporate and expand functions that had been handled by the Massachusetts General Physicians Corporation (MGPC) and the Professional Services Corporation (PSC).

W. Gerald Austen, MD

Role of the MGPO

- *To unify physicians, ensuring that they are at the center of efforts to develop more cost-effective and market-responsive services.*
- *To negotiate managed care contracts for MGH physicians.*
- *To manage group practices, the Professional Billing Office and the Physician Referral Service.*
- *To handle the allocation of capitation and global fee revenues among physicians.*
- *To develop (and collaborate with the BWH in the development of) new programs for the delivery of clinical services, e.g. international programs, telemedicine, centers of excellence, specialty networks, etc.*
- *To coordinate with the hospital on matters of credentialing, clinical quality improvement and utilization management.*

MGPO Membership

- *Medical staff (physicians and dentists) or adjunct staff (podiatrists and psychologists) of the MGH and affiliates.*

Key MGPO Physician Committees

- *The Senior Advisory Committee advises management on policy, strategy and finance.*
- *The Managed Care Committee makes recommendations to the trustees regarding managed care contracting and revenue allocation.*
- *The Practice Committee oversees negotiations and recommends contracting opportunities to the Managed Care Committee.*
- *The Medical Policy Committee is the senior physician committee that coordinates credentialing, clinical quality improvement and utilization management.*
- *The Practice Support Committee evaluates and recommends improvements to support services important to physician practices.*
- *Additional physician committees currently are addressing such areas as physician information resources, the transfer of ambulatory care practices to the physicians organization, finance, the care of international patients, telemedicine and physician referral services.*

Understandin

MANY GAYS AND LESBIANS see the workplace as a no-win situation. Those who are "out" and open about their sexual orientation — which usually means simply referring to a significant other of the same gender — feel they risk not advancing in their careers if their organization or supervisor is uncomfortable with homosexuality. The alternative offers few advantages: Those who choose to keep their sexual orientation secret may avoid discussing their personal lives, often appearing standoffish to their colleagues. Not seen as "team players," they feel they may be overlooked when an opportunity for pro[illegible]tion comes along.

"The best place to work is a place that understands and respects you," says Barbara Holland, MGH director of Diversity. "That is especially true for members of minority groups, including gays, lesbians and bisexuals."

That is where the MGH Gay, Lesbian, Bisexual Alliance (GLBA) comes in. A grassroots committee established in November 1994 and supported by the Human Resources Department, the GLBA is dedicated to helping the MGH enhance its sensitivity to and understanding of homosexual employees and patients.

Wesley Layne, Human Resources assistant and co-chairperson of the GLBA, says one of the group's foremost challenges is to educate MGH employees and staff. The group sponsors a hotline (6-5687) through whi[illegible] employees and staff can obtain information or confidentially voice their concerns, and it holds

and respect for all

open monthly meetings to which all employees are welcome. In addition, the group hosted an interactive forum June 15 about creating a supportive environment for gay, lesbian and bisexual patients and staff.

"Making a workplace comfortable for gay, lesbian and bisexual employees often has economic benefits for an organization," says Layne. "If employees are content, they're likely to be much more productive than if they're nervous and are using their energy to hide who they really are."

Members of the GLBA also see themselves as MGH liaisons [illegible] Greater Boston gay and lesbian communities. At Boston's Gay Pride Parade June 10, for instance, the GLBA offered free blood pressure screenings and informed passersby about MGH services.

Patients come to the MGH because of its reputation for excellence; keeping patients depends upon whether the environment is welcoming and the providers supportive. The GLBA focuses some of its educational effort toward MGH patient care providers.

"When looking for a health care provider, gay men and women have the same health care concerns as anyone else," says David Bitkower, training specialist and orientation coordinator in Training and Organizational Development and member of the GLBA. "One key difference is that it is extremely important to gay and lesbian patients that their caregivers are comfortable with and respectful and knowledgeable about their sexuality." ●

PARTNERS PROGRESS

DEBORAH MACDONALD, RN, MS, nurse genetic specialist in the MGH Comprehensive Breast Health Center, *right,* and Barbara D'Antonio, RN, of the Visiting Nurse Association of the North Shore, were among 90 nurses from Partners-affiliated institutions who attended the first annual Partners Conference in Nursing June 12. Nurses gave presentations on various patient care topics at BWH during the day-long program. The conference was intended to increase awareness of resources within the Partners network and encourage collaboration among network institutions.

— *Building financial support for the MGH*

(Continued from Page 1)

Through person-to-person contacts, publications and events, the office educates donors about the needs of the MGH and nurtures ties between the hospital and its supporters.

Gifts to the campaign have helped fund a wide spectrum of hospital needs, including the construction of the Ellison and Blake buildings, the return of Obstetrics to the Vincent Memorial Obstetrics and Gynecology Service, the opening of the MGH Thoracic Oncology Center and many other clinical research programs and teaching fellowships.

Support has come in many forms and for a variety of purposes. A $1 million pledge of support from William A. Schreyer, the former chairman and chief executive officer of Merrill Lynch & Company, Inc., supports the William A. Schreyer Cardiology Fellowship. Merrill Lynch in turn made a matching gift pledge in Schreyer's honor to establish the Merrill Lynch Cardiology Research Award. A $500,000 gift from the Nessels of Palm Beach, Fla., to establish the Barbara and Melvin Nessel Gene Therapy Center supports work that offers hope to patients with a wide variety of diseases and disabling conditions. To provide support to young and promising investigators, Millie and Martin Allen of Goffstown, NH, contributed $50,000 to establish the J. Robert Buchanan Medical Discovery Fund.

Under the Leadership Campaign umbrella, a number of fundraising efforts are moving forward. The Fund for Medical Discovery seeks fellowship support for young researchers beginning their scientific careers. The MGH Fund, the hospital's annual fund drive, provides a source of unrestricted funds designated by the trustees to the areas of greatest need.

"Those who support this great hospital recognize that we are entering a new era of health care in America," says Jane D. Claflin, honorary MGH trustee and co-chair of the Leadership Campaign. "And they believe, as I do, that the MGH must be in the vanguard of this transformation. I am proud to say that our contributors have generously risen to this challenge. The MGH needs and deserves their support." ●

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on recycled paper.
Please recycle.

MGHHOTLINE

Minority Health Professions welcoming reception

The Office of Minority Health Professions will host a reception to welcome students in the summer research trainee and research apprentice programs, June 26, from 4 to 6 pm, in Walcott 2 Conference Room, WACC second floor. Please call Robin Glover 4-3831 for more information.

United in diversity

MGHers are encouraged to attend the fifth annual MGH Cultural Diversity Awareness Day, sponsored by the Cultural Diversity Committee and the Human Resources Department, June 30 from 11 am to 4:30 pm under the Bulfinch Tent. Volunteers are needed between 9 am and 5 pm to operate the popcorn, cotton candy and snow cone machines, to help set up decorations and displays and to assist musicians. Some of the cultures that will be represented include African American, American, Australian, Balkan, Cape Verdean, Caribbean, Chinese, East Indian, Ethiopian, gay-lesbian-bisexual, Greek, Irish, Italian, Jpanese, Jewish, Latin American, Native American, Phillipine American and Russian. To volunteer or find out more, please contact Kathy Long at 4-3552 or Debra Earls at 6-2230.

MGH Hotline
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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425; by
fax to 6-7475; via e-mail to
HOTLINE; or by mail to the
Development and Public
Affairs Office at 101
Merrimac St., fourth floor.

Minority nursing scholarships

The Minority Nurse Retention and Recruitment Outreach Committee is accepting applications for its fall 1995 academic nursing scholarship. The deadline for submitting applications is July 31. For more information, contact Pamela Thompson at 4-9021.

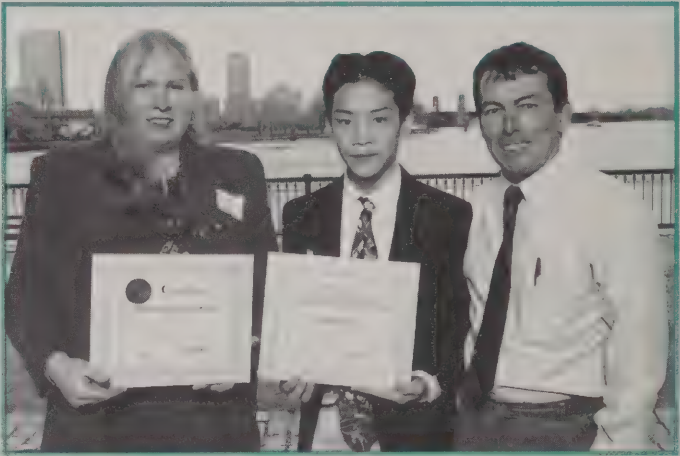
A day at the zoo

The MGH Employee Family Day at the Franklin Park Zoo, sponsored by the MGH Children's Center, is July 22 (rain date July 23) from 10 am to 4 pm. Tickets, which are $1 each with an MGH ID, will be on sale beginning July 5 at the Warren Library, CNY Security Desk, satellite administrative offices and at tables in the WACC Lobby and CNY Lobby July 13, 14 and 20, from 11 am to 1 pm. Children under 4 years old are admitted free. There is a limit of six tickets per MGH employee.

Finding it when you need it

Materials Management and the Department of Nursing have developed a Bedside Equipment Centralization Program to improve the availability of certain pieces of equipment — such as infusion pumps, pulse oximeters, cardiac monitors, Propaqs and PCA pumps. A recent staff survey indicates that the program has been helpful.

Materials Management and Biomedical Engineering will pilot an electronic tracking system called Smart Shelves in the Ellison Building patient care units. Equipment will be tagged with a device that, when plugged in, will transmit information about equipment location and availability. For more information, contact Ron Doncaster at 6-3686.



Timilty Middle School *scored again in the eighth annual Boston Herald In Education Program's "Writing to Win" scholastic competition. MGH sponsored the school in the competition. Pictured are Kathy Rice, assistant director of Human Resources; Michael Nguyen, Timilty's winner; and Robert Sweeney, Timilty's winning teacher. Both won a $50 gift certificate at a local mall.*

Ellen M. Zane, network president for Partners HealthCare System, Inc., and chief executive officer of Partners Community HealthCare, Inc., was honored twice in recent weeks, receiving an honorary degree from Curry College and being named an outstanding health care leader by the Health Care Management Association (HCMA).

Zane received one of four doctor of humane letters degrees at Curry College's May 21 commencement, during which she was recognized for her leadership in health care — both locally and nationally — and as a model for graduates. The HCMA Honorary Award, which was presented to Zane June 3 at the organization's annual meeting, honors her outstanding and distinguished accomplishments and leadership in the field of health care management.

Bonnie Michaelman, director of Police and Security, received the 1994 Joseph E. Ewers Award for Distinguished Service from the Boston Chapter of the American Society for Industrial Security.

June 30, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Technology brings patients closer to friends and family

Linda Toomey, *a breast cancer patient who underwent a stem cell transplant — a type of bone marrow transplant — enthusiastically talks to one of her four children on the MCI videophone as she prepares to go home after a two-week stay in the unit. "I must have talked to the kids three times a day," she says. "It was good for them to see that I'm OK and for me to see that they're OK too. It's like being there."*

Hospitalization can be lonely and isolating — especially for patients whose families live far away or whose conditions require them to be in a specially protected environment with restricted visiting. Thanks to new technology and a little creativity, MGHers and patients have devised ways to help overcome these obstacles.

Videophones installed in six of the specially protected rooms on the Bone Marrow Transplant Unit are allowing patients actually to see those family members and friends who are unable to visit. The matching videophone made available to each patient's family can be exchanged among family members and friends at different locations, so a patient can connect with several loved ones. The Friends of the MGH Cancer Center and MCI

(Continued on Page 3)

Practice Support Unit helps solve costly problems

A series of quality improvement efforts coordinated by the MGH Practice Support Unit (PSU) has the potential not only to streamline procedures for patients and employees but also to increase income to the hospital by ensuring compliance with the requirements of managed care companies.

The PSU acts as an in-house support service for almost 90 outpatient physician practices that are part of the MGH Ambulatory Care Division. Kathleen Erwin, director of the 12-member PSU, explains: "We've had several teams addressing quality improvement issues over the past year. Although we include key executives as advisers and offer our services to organize and facilitate the teams, the real work is done by the front-line office staff members who bring their ideas and perspectives to our discussions."

Last year a team addressed problems with the documentation of referrals required when patients in managed care plans need specialty care. The team, led by Mary Farrell, PSU project manager,

(Continued on Page 4)

Drug event research expected to be media focus next week

Next week, researchers from the MGH, BWH and the Harvard School of Public Health are publishing two research papers that focus on adverse drug events. The articles, which will be included in the July 5 *Journal of the American Medical Association (JAMA)*, examine the frequency of adverse drug events at the MGH and BWH, along with the effectiveness of internal systems related to delivering medications to patients. Given the subject of the articles and today's health care environment, this research is likely to receive a great deal of attention. Details about the work will be widely available after *JAMA*'s 4 pm July 4 embargo has passed.

Keeping the hospital clean is everyone's responsibility

COMMON SENSE DICTATES that a litter-free ramp leading to a clean White Lobby creates a more positive first impression of the MGH than entryways and halls strewn with candy wrappers and papers. Ensuring that the MGH consistently reflects this bit of common sense is the result of a concerted employee and staff effort, visible most recently in improvements to the White Building ramp area — uniformed valets, fresh paint and less litter.

Although housekeeping was rated as excellent by many patients surveyed, Environmental Services is striving to do better, especially in common areas used by outpatients and visitors.

"We want all those who work at the MGH to take an interest in the way the hospital looks and to consider themselves part of the solution," says Bill Banchiere, director of Environmental Services. "We're not asking people to clean. But we are asking for everyone's assistance in not adding to the litter, thereby helping to keep the hospital clean for everyone."

Among his suggestions: Employees and staff can help keep the areas they use cleaner by using paper towels to wipe sinks after use, emptying cans and cups before putting them in the trash, and disposing hairnets, payroll envelopes, cigarette butts and other items in appropriate receptacles. This will enable Environmental Service employees to focus on routine cleaning activities. Also, employees and staff who spot a spill or similar problem that detracts from the hospital's appearance or could cause an accident, should call Environmental Services at 6-2445.

"We've said that we will put the care, comfort and convenience of patients ahead of all other concerns," says Richard R. Crater, CEO of the MGH. "As part of that commitment, we're asking people to be more aware of their surroundings, to look at the hospital the way a visitor or patient might, to not contribute to littering and to be creative in developing solutions. We all need to develop a 'pride of place' that goes beyond the care provided and takes into account patient and visitor perspectives." ●

the patient's voice

Patient Satisfaction Survey results indicate that patients are generally satisfied with the comfort of MGH facilities.

When asked if they experienced any good surprises during their stay, some patients replied:

"the fabulous view and overall comfort of the new floors";

"condition of the room."

Housekeeping

While most patients were similarly pleased with housekeeping services at the MGH, some noted that this is an area in which the hospital could improve.

Strategic MGH Planning

Recent MGH leadership retreats focused on the strategic planning process designed to position the MGH for success in a new, competitive health care market. The following discussion sheds light on the changes to come:

Q: Recently we have been hearing about significant changes occurring at the MGH. What is the biggest difference between the MGH of the past and the MGH that we can expect to see in the future?

A: *The MGH always has been an autonomous, freestanding hospital, drawing patients from the region and around the world because of its ability to provide excellent care. In the years ahead, the MGH will continue to provide quality care to patients, including those with the most complex problems, but as market forces shift the emphasis of health care from managing sickness to managing health, the MGH will trade some autonomy to become part of a vital integrated health care delivery network based on an expanded system of excellent primary care.*

Such a change will involve a tremendous shift in strategy, operations and overall culture. The MGH will become a smaller, more cost-effective hospital with fewer inpatients, beds, staff and employees.

We recognize that patient-focused care is central to redesigning the MGH, and it is our prime consideration as we move into the future.

— Samuel O. Thier, MD, president of
The Massachusetts General Hospital
and Partners HealthCare System, Inc.

— Friends and family

(Continued from Page 1)

Business Markets in Boston teamed up to provide the videophones for the unit's patients, who can spend anywhere from two to six weeks in isolation.

"The true value of this technology is that it makes people laugh," said Arthur Durante, a cancer survivor who spent four weeks in the Bone Marrow Transplant Unit and is a member of The Friends Board of Trustees. "It doesn't matter what's being said. The first thing patients do when they see an image pop up on the screen is laugh. That's worth everything."

[illegible] Mary Brainard, a patient [illegible] leukemia who recently spent five weeks in the unit, using a videophone meant that her young niece and nephew, who were unable to visit, could see her. "It helps to give everyone peace of mind," she explains. "My niece and nephew weren't as worried when they saw me on the screen and saw that I was laughing. They thought the videophone was neat."

Another patient-focused application of high-tech communication at the MGH involved the Internet, the worldwide "information superhighway."

A Chilean man whose father was scheduled for neurosurgery originally contacted the MGH via Internet. He wanted to establish on-line communications with those caring for his father, as well as family members accompanying [illegible] dad. This would enable him to keep in touch without the expense of a phone call and allow him, his family and MGH staff to send and read messages at their convenience. MGHers immediately began efforts to fulfill this innovative request.

After Information Resources staff assigned a password and made computers available to the patient's family at the MGH, e-mail messages were sent to Chile throughout the patient's stay. In an e-mail message sent to Stacia Talberth, e-mail program manager, the patient's son says: "This is the way all the people in the world should be. You don't know how important your help is to me."

Talberth says: "We think this is just the first of many more requests to come as the Internet becomes more available to the general public. We were so pleased to be able to help this family, and we look forward to helping others in the future." ●

> **"The first thing patients do when they see an image pop up on the screen is laugh. That's worth everything."**

Honors

Edward Harlow, PhD, a principal investigator in the Molecular Oncology Laboratory and research director of the MGH Cancer Center, June 21 received the 1995 Alfred P. Sloan Jr. Prize, one of the most prestigious cancer research awards in the United States.

Since the late 1980s, Harlow's research team has been trying to increase understanding of the basic mechanics of cell regulation by studying how E1A, a cancer-causing protein from a virus, can affect cell growth in humans. Along the way, they discovered the protein's genetic target: pRB, the retinoblastoma susceptibility protein, a finding that Harlow describes as a "fortunate accident."

It is estimated that between 30 and 40 percent of all human cancers involve malfunctioning pRB. With characteristic understatement, Harlow notes that significant scientific findings often arise unexpectedly. "You never really know what you might discover when you look under a stone," he says.

The prize has been awarded to Harlow as team leader, but he says that the investigators in his lab deserve the credit. "Discoveries such as this are rarely, if ever, the result of one investigator's work," Harlow says. "Breakthroughs are achieved through the sustained effort of many over time."

Harlow is the 17th recipient of the $100,000 Sloan Prize, which was established in 1979 by General Motors in honor of philanthropist Alfred Pritchard Sloan, chairman of the company from 1937 to 1956 and one of the namesakes of the Memorial Sloan-Kettering Institute for Cancer Research in New York City.

Howard P. Baden, MD, of Dermatology Associates, received the Society for Investigative Dermatology's highest honor, the Stephen Rothman Memorial Award, May 25 .

The MGH joined other Boston-area hospitals March 22 to honor the achievements of their cardiac rehabilitation programs and those involved in their success. During the festivities, teams from the MGH, as well as the Brigham and Women's, New England Deaconess and Beth Israel hospitals competed in "Nutrition Jeopardy," from which the MGH team came away victorious. Team members were **Michelle Fiorentino,** secretary supervisor in Cardiac Unit Associates; **Robert Sheehan,** a cardiac rehabilitation patient; and **Denise Kettell,** an executive secretary in Administration and former cardiac rehabilitation patient. Kettell also was honored that evening for her enthusiasm and commitment to adopting a heart-healthy lifestyle.

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A Friends first

Joan Holmes, left, unit secretary in the Ambulatory Oncology Unit, received The Friends of the MGH Cancer Center's first Career Achievement Award to recognize a nonclinical employee. At a reception June 9, her colleagues and Friends representatives honored her accomplishments. David Harmon, MD, along with Margaret Plum, president of The Friends of the MGH Cancer Center, presented the award to Holmes. He described Holmes' dedication and willingness to help vulnerable patients. "Joan gets things done for the people who need things done most," Harmon said.

Holmes said she enjoys contact with patients and finds helping them rewarding. "I feel like I'm giving something to people in need by making their lives a bit easier."

— *Practice Support Unit helps solve costly problems*

(Continued from Page 1)

and Diane Hanscom, manager of Outpatient Registration, looked into why required referral numbers often did not appear on bills. The group identified several areas in which communication had broken down. Procedures set up by the group, which included representatives from both primary care and specialty practices, clarified communication responsibilities. A new referral notes screen, which has been added to the computerized Patient Care Information System, now makes the referral number and key information available to those who need it.

Currently, PSU staff is working with two teams looking into problems involving the care of Medicaid patients. The first is developing procedures to ensure Medicaid patients who want to receive care at the MGH have an MGH primary care physician and that proper referral authorizations are received. The second group is analyzing problems with authorization for Medicaid mental health services and has met several times with the independent company that handles such claims for the state.

Erwin notes that reducing rejected or incomplete claims can have a real financial impact for the MGH. "The Medicaid problems alone have about a $7 million annual price tag. A seemingly simple issue like not having current patient addresses costs as much as $5 million in both work that must be repeated and income lost because patients never receive their bills."

Michael Jellinek, MD, senior vice president for Ambulatory Care, adds: "The transition to managed care, with constantly changing rules that confuse everyone, has been difficult for both patients and physician practices. The Practice Support Unit staff is helping all of us get through the maze so that patients get the care they need and the hospital collects the appropriate payments." ●

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WHAT'S HAPPENING

Treadwell Library courses

The Treadwell Library offers free courses and tours to help familiarize users with the library's resources, including biomedical databases and software programs to manage bibliographic information. Call 6-8600 to schedule an individual or group tour to learn more about the library and its services.

Dry cleaning on campus

MGH employees and staff can save time by dropping off dry cleaning and shirts that need to be laundered at The General Store and Flower Shop. For more information, stop by the store or call Connie Thibodeau at the Ladies Visiting Committee Office, 6-2364.

AIDS pledge walk

Despite the early morning rain, approximately 45 MGHers turned up for the June 2 10th annual pledge walk to benefit AIDS services throughout the state. The MGH team contributed to the approximately $3 million raised during the walk.

[illegible]

George Thibault, MD, has been appointed chief medical officer of BWH. He was chief of Medical Services and director of Health Services and Development at Brockton/West Roxbury VA Medical Center.

Throughout his career Thibault also has served in a variety of capacities at the MGH, including founder and director of the Medical Practices Evaluation Unit, director of the Medical ICU-CCU, director of the Medical Residency Program and associate chief of Medical Services.

July 7, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH, BWH, HSPH study frequency of adverse drug events

ADVERSE DRUG EVENTS (ADEs), their frequency and the systems in place to prevent them, are the focus of two research articles that appear in this week's *Journal of the American Medical Association (JAMA).* Researchers at the MGH, BWH and the Harvard School of Public Health (HSPH) jointly conducted the study, which evaluated ADEs that occurred at the two hospitals during a six-month period in 1993. Although the rate of ADEs identified was similar to that found in previous studies, this new research goes a step further to apply systems analysis to the underlying causes of potentially avoidable complications.

The first article, by lead author David Bates, MD, of BWH, reports that 6.5 ADEs per 100 admissions occurred within the two hospitals. ADEs are defined as both preventable and nonpreventable complications caused by medications. Many complications are minor, such as rashes and diarrhea. Of all ADEs identified during the study, 28 percent were determined to be preventable, representing 1.8 preventable ADEs per 100 admissions.

"This drug complication rate is similar to that found in other studies, after you account for differences in definitions," says Bates. "However, this study is different in that we identified preventable ADEs and then concentrated on why they occurred. Our ultimate goal is to reduce an already low rate of preventable drug complications to zero."

The study identified adverse drug events in 11 units at BWH and MGH between February and July 1993. All admissions to a randomized selection of five adult intensive care units and six nonobstetrical adult general care units

(Continued on Page 2)

MGH surgeons perform New England's first living related donor lung transplant

"I'LL NEVER LOOK AT THEM THE SAME WAY ..." said Jennifer Querusio, 32, center, of her brother and sister. Querusio is the first person in New England to receive a living related donor lung transplant. Pictured with her at a Wednesday news conference at the MGH are her brother Charlie Marshall, 31, and sister Maryann Mills, 38, who each donated part of a lung to save her life. *See story on Page 3.*

Parking relocation update

[illegible]

— MGH, BWH, HSPH study frequency of adverse drug events

(Continued from Page 1)

were examined, a total of 4,031 admissions. Nurses visited each unit several times daily to solicit voluntary reports from personnel regarding ADEs or potential ADEs (PADEs). Hospital records were reviewed daily to discover any additional complications or errors.

The second article by Lucien Leape, MD, HSPH, and co-authors, reports a systems analysis of ADEs and PADEs. "The objectives of system design for safety are twofold:" says Leape, "to make it difficult for individuals to make mistakes, and to permit detection and correction of errors before harm occurs."

Researchers examined internal systems that could have been associated with preventable and potential ADEs. They found that the majority of errors occurred when medications were prescribed and administered. Dosing errors were the most common type, with almost half occurring in the physician-ordering stage; 70 percent of these were intercepted. The majority were associated with disseminating drug information, checking dose and identity, and providing patient information to physicians or nurses at the time needed. The authors recommended that hospitals simplify systems for these processes, and use computers whenever possible to collect, retrieve and display information relevant to a patient's care.

"Front-line involvement by teams comprised of all clinicians with a stake in system design provides a better perspective of the medication delivery process and can lead to reform in several systems at once," says David Cullen, MD, MGH anesthesiologist and a co-author on the studies.

A continuation of the study will include measuring the impact of systems changes on reducing preventable ADEs. One such intervention is the implementation of a computerized physician order entry system at BWH in which all prescriptions are entered into a computer, where they are checked for a variety of factors including proper dosage, incompatibilities and drug allergies. A second intervention involves enhancing integration of the clinical care team. For example, at the MGH a pharmacist goes on patient rounds with physicians, nurses and other care providers, bringing the pharmacist's expertise closer to the bedside. ●

Parking relocation update

Registration

Registration is ongoing for all parkers (except those who park at CNY) throughout July in preparation for the installation of a new parking control system. Employees and staff need to present their MGH ID and show a vehicle registration certificate when submitting completed registration forms. Forms can be obtained and completed in the Fruit Street Garage Monday through Friday from 6 am to 6 pm and Saturdays from 1 to 5 pm through Aug. 1 and in the Nashua Street lots during regular business hours.

New Rates

Monthly rates for daytime parkers as of Aug. 1 are as follows: Nashua Street lots, $85 for 20 daytime parking coupons; Museum of Science, $100; Safe Harbor Garage at Haymarket, $135; Fruit Street and Parkman garages, $145; Holiday Inn, $145; Lomasney, $115; and CNY, $75 for 20 coupons or a card key. For now, evening parking rates at the Fruit Street and Parkman garages remain unchanged ($70 for evening and free to MGHers between 6:30 pm and 9 am.) Nashua Street lots evening rates also remain unchanged at $70. Weekend rates in the Fruit Street and Parkman garages also remain unchanged at $28 for 20 parking coupons. Part-time parkers and those who will require parking in multiple locations can contact the Parking Office for details. ●

Questions about parking?
Call the Parking Office at 4-6588.

Shuttle service to off-site parking a

During peak hours, from 5:30 to 8:45 am and 4 to 6:45 pm, two parking lot shuttles will run every 15 minutes:

Shuttle 1 stops

Front door of the Museum of Science — Gray Building — Nashua Street Orange Lot — Brown Lot. The shuttle will then reverse direction to complete the loop.

Shuttle 2 stops

Safe Harbor Garage at Haymarket — corner of New Congress and Sudbury streets — Portland Street entrance of 101 Merrimac St. — Nashua Street Orange Lot — Brown Lot — MGH Gray Building. The shuttle will then reverse direction to complete the loop.

During off-peak hours, from 9 am to 3:40 pm and 7 pm to 12:40 am, one shuttle will run every 20 minutes:

Off-peak shuttle stops

Gray Building entrance — Safe Harbor Garage at Haymarket — 101 Merrimac St. — Nashua Street Orange Lot — Brown Lot — Museum of Science.

CARE FOR HAIR: Thanks to the support of the Ladies Visiting Committee (LVC), the MGH has renovated hair care facilities. Open to MGH patients, employees, staff and the public, the MGH Hair Care Center offers a wide variety of hair and beauty treatments at competitive prices. Lucy Burr, president of the LVC, second from left, marked the official opening of the new facility at the June 15 ribbon cutting. Joining her were, from left, Sally Taylor, of the LVC; Linda Williams, director of LVC Retail Shops; Kathleen Gill, manager of the MGH Hair Care Center; and Connie Thibodeau, chairperson of LVC Retail Shops.

reas has been expanded

During the evening and night shift changes, the shuttle will drive through the Orange and Brown lots on Nashua Street, dropping employees and staff near their cars. The Museum of Science and Haymarket facilities will provide MGHers with security escorts on request. As of July 10, shuttle service to CNY will begin at 5 am with the final run at 1:30 am. Until July 10, Police and Security will provide transportation to CNY at 11:30 pm, midnight, 12:30 am and 1 am from the Gray Building entrance.

Shuttle schedules may be affected by weather or other considerations and will be examined with regard to frequency and ridership with appropriate changes made where needed.

According to the Parking Office, there is ample parking available now in the new off-site facilities (Museum of Science or Haymarket) for those who wish to park near the MGH. Registration for parking is ongoing in the Fruit [illegible]eet Parking Garage Office.

MGH surgeons perform New England's first living related donor lung transplant

SURGEONS AT THE MGH, as part of the Massachusetts Lung Transplant Consortium, last month performed the first living related donor lung transplant in New England. On June 5, Jennifer Querusio, 32, of Somerville, received one lung lobe each from her brother Charlie Marshall, 31, and sister, Maryann Mills, 38.

Last year during her third pregnancy, Querusio was diagnosed with idiopathic pulmonary fibrosis, a disease that scars the lungs and slowly diminishes respiratory capacity. Conventional therapy proved unsuccessful, and Querusio was placed on the waiting list for a lung transplant at the MGH. Because of the scarcity of donated organs, her wait might have been as long as two years, a period she would likely not survive, according to her physicians. Lung lobe transplantation from living related donors offered a more immediate solution.

Because of the scarcity of donated organs, her wait might have been as long as two years, a period she would likely not survive ...

Transplanting one lung lobe from living related donors had been performed successfully on more than 35 patients nationally. The procedure involves removing the lobe from a living donor and attaching it to the recipient's existing lungs to take over respiratory function. Earlier this year, caregivers from the five Boston hospitals that comprise the consortium evaluated the possibility of living related donor lung transplant surgery for Querusio.

While living related donor lung transplants help ease the problem of lack of cadaver organs, certain risks are associated with the surgery. For recipients, the risk of organ rejection is ever-present, and anti-rejection medication must be taken the rest of their lives. Donors, who also undergo major surgery, face the risks associated with all surgery, including bleeding and infection.

The complex ethical issues of living related donor transplants were reviewed carefully by the consortium, which gave the go ahead for the surgery in late May. The surgical team included surgeons from the MGH, BWH, Children's Hospital and New England Deaconess Hospital.

Within four to five days following the surgery, both Marshall and Mills were discharged from the hospital. Querusio followed 17 days later, having stayed in the hospital after her surgery a total of 21 days. All three are doing well, and continue to be monitored by their physicians. ●

JCAHO to revisit

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has announced a follow-up visit to the hospital Aug. 8 for a one-day focused survey. The surveyor will review specific documentation assembled by the MGH JCAHO Task Force regarding the Type 1 Recommendations that were cited as a result of the hospitalwide JCAHO site visit last September.

A JCAHO steering committee has been meeting on a regular basis and monitoring consistent progress in complying with each of the citations — such as performance appraisals, implementation of the new restraint policy and authentication of verbal orders.

Updates on this visit and a laboratory follow-up visit that will be scheduled later will be included in future issues of *Hotline*.

Minority nursing scholarships

The Minority Nurse Retention and Recruitment Outreach Committee is accepting applications for its fall 1995 academic nursing scholarship. The deadline for submitting applications is July 31. For more information, contact Pamela Thompson at 4-9021.

Summer gear sale

The General Store will hold its fourth annual T-shirt and sunglass sale July 13 and 14 on the Bulfinch Patio.

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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

Gay/Lesbian/Bisexual Alliance

The next meeting for the Gay/Lesbian/Bisexual Alliance will be July 18, at 5:15 pm, Bartlett Extension, third floor Conference Room C. For further information, call 6-5687.

Reno via satellite

Attorney General Janet Reno will be the keynote speaker for a live satellite broadcast on "Employer Response to Critical Incidents: When Violence Strikes at Work" July 12 from 9:30 am to 12:30 pm in the Wellman 1 Conference Room. Andrea Piraino Stidsen, LICSW, director of the Employee Assistance Program, and Bonnie Michelman, director of Police and Security, whose departments are sponsoring the event, will introduce Reno and a panel of national experts. Following the broadcast, an on-site panel including Stidsen, Michelman, Ronald Schouten, MD, director of Law and Psychiatry, and Michael Broad, of Partners legal department, will discuss the issue and answer questions. Advance registration by phone, 6-6976, or fax 6-5941, is recommended.

A day at the zoo

The MGH Employee Family Day at the Franklin Park Zoo, sponsored by the MGH Children's Center, is July 22 (rain date July 23) from 10 am to 4 pm. Tickets, which are $1 each with an MGH ID and must be picked up in advance, are on sale during office hours at the Warren Library, the CNY Security Desk, the Bunker Hill Administrative Office, the Revere Administrative Office, the Chelsea Adult Medicine Unit Office and the Somerville Purchasing Department. Tickets also will be on sale July 10 and 11 from 10 pm to midnight at the Police and Security Office, Tilton 1 and July 13, 14 and 20 at tables in the WACC Lobby and CNY Lobby, from 11 am to 1 pm.

Computerized CPR training

The Human Resources and Nursing departments are sponsoring a pilot CPR training program that uses interactive computer and mannequin training. The three-month program, which began July 5, is geared toward employees and staff who require renewal of their CPR certification. A mobile unit is accessible 24 hours a day. Two permanent training units located in the Vincent-Burnham 4 Health Education classroom are available Monday through Friday from 7:30 am to 4:30 pm and by calling Police and Security at 6-2121 during other hours. For information call Employee Health at 6-2217.

MGH Revere Health Associates Moves to Ocean Avenue

The Revere Health Associates is moving to its new location. On July 10, the health center will begin seeing patients at 300 Ocean Ave., right across from Revere Beach. This newly renovated 32,000-square-foot facility will offer a wider variety of health care services to residents of Revere and its surrounding communities than was possible at its previous site. Further information about an open house planned for later this month will appear in a future issue of *Hotline.*

PARTNERS PROGRESS

Two clinical programs join at the MGH and BWH

The Renal Dialysis and Transplant programs at the MGH and BWH have joined forces. Surgeons at the two hospitals will perform renal transplant procedures at both institutions, regardless of the surgeon's primary appointment. This collaboration will allow the potential for growth at both hospitals without the immediate recruitment of additional faculty members and will allow the institutions to continue providing the highest quality patient care.

Partners names communications director

Carolyn Castel has been named director of Corporate Communications for Partners HealthCare System, Inc. Castel will report to Dennis Colling, Partners vice president of Human Resources and Organizational Effectiveness. Her primary responsibilities include developing and implementing a communications plan for Partners and Partners Community HealthCare, Inc. (PCHI). Most recently, Castel was senior vice president for Public Affairs at the Greater New York Hospital Association, where she oversaw media, publications and special events.

July 14, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

U.S. News & World Report: MGH is third in nation, best in Northeast

THE MGH AND BWH are the only New England hospitals on this year's "Honor Roll" in *U.S. News & World Report's* annual survey of best hospitals in the nation. The MGH, the highest rated hospital in the Northeast for the sixth year, ranked third in the nation. BWH ranked eighth. McLean Hospital was rated third among America's psychiatric programs. Spaulding placed 14th among rehabilitation hospitals. The July 24 *U.S. News & World Report,* which will be on newsstands July 17, also includes rankings by specialty. Details will appear in next week's *Hotline.*

And while you are at the newsstand ... A July 17 *Time* article, "Medicine: Teaching Hospitals in Crisis," calls the MGH-BWH affiliation "the medical merger of the century" and quotes Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners, and Ellen M. Zane, Partners Network president.

Initial steps en route to fulfilling the strategic plan

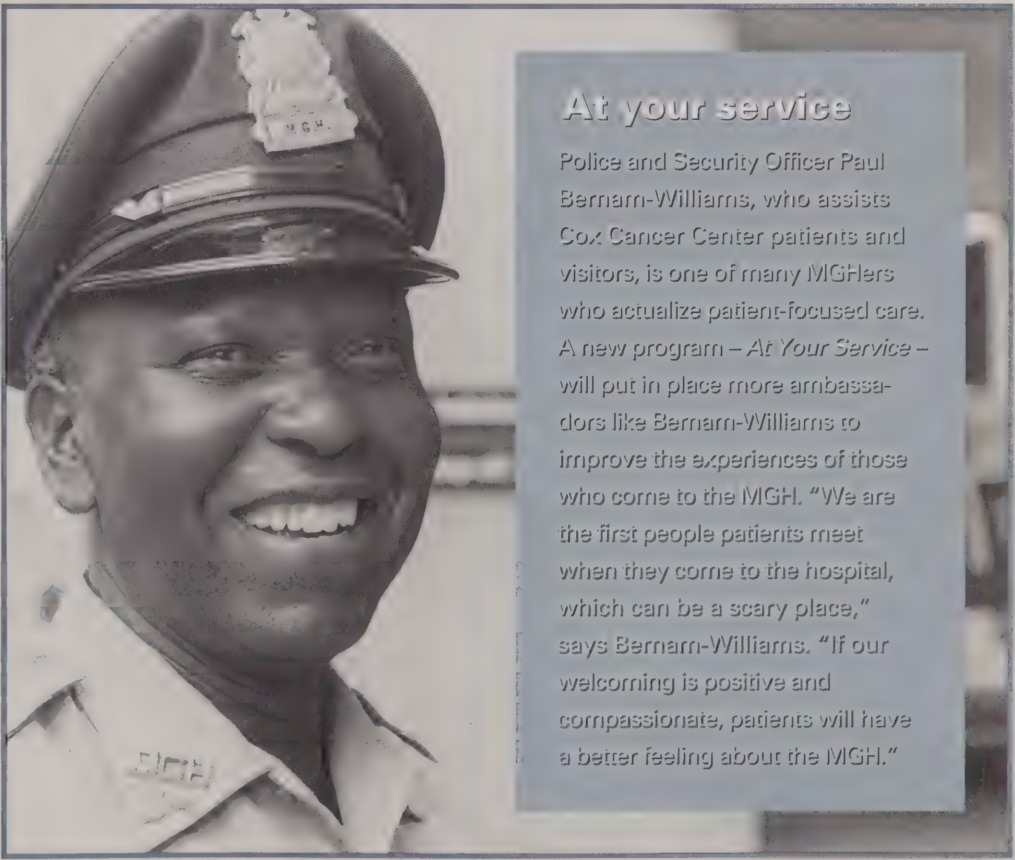
POLICE AND SECURITY officers, valet and parking attendants as well as information desk staff and volunteers offering assistance to visitors on the MGH campus will become increasingly visible within the next few months. Their high profile will signal the arrival of *At Your Service,* a new program designed to provide readily recognizable improvements in the reception and support of patients and visitors.

The Ambassadorial Service is one of the 14 short-term action recommendations approved June 14 by the General Executive Committee (GEC), the hospital's senior decision-making body. *(See box on Page 4)* "These projects can be implemented quickly and will measurably improve the way we serve our patients and carry out our mission," explains Richard R. Crater, MGH chief executive officer, who serves as co-chair of the Strategic Planning Steering Committee along with W. Gerald Austen, MD, chief executive officer of the Massachusetts General Physicians Organization and MGH surgeon-in-chief.

Following six weeks of intensive strategic planning, five task forces, comprising more than 250 MGH managers and physicians, submitted short- and long-range recommendations to the steering committee in April. The committee selected, prioritized and forwarded to the GEC the priority short-term proposals plus a directive requesting an MGH physician directory.

"Putting these short-term steps into action over the next three months will jump start the implementation of long-range strategic planning initiatives this fall," says Austen. "Now the committee will further define the future of the MGH through long-range planning."

The committee expects to draft a comprehensive strategic plan by the end of July. The plan will be revised at a retreat this fall, and periodically will be reviewed and updated as part of the ongoing strategic planning process. ●



At your service

Police and Security Officer Paul Bernam-Williams, who assists Cox Cancer Center patients and visitors, is one of many MGHers who actualize patient-focused care. A new program – *At Your Service* – will put in place more ambassadors like Bernam-Williams to improve the experiences of those who come to the MGH. "We are the first people patients meet when they come to the hospital, which can be a scary place," says Bernam-Williams. "If our welcoming is positive and compassionate, patients will have a better feeling about the MGH."

Case management: a win / win situation

IF EACH PATIENT at the MGH had a guide and troubleshooter to help navigate the complicated world of modern health care delivery, the result would be more efficient care that would be both better and less expensive.

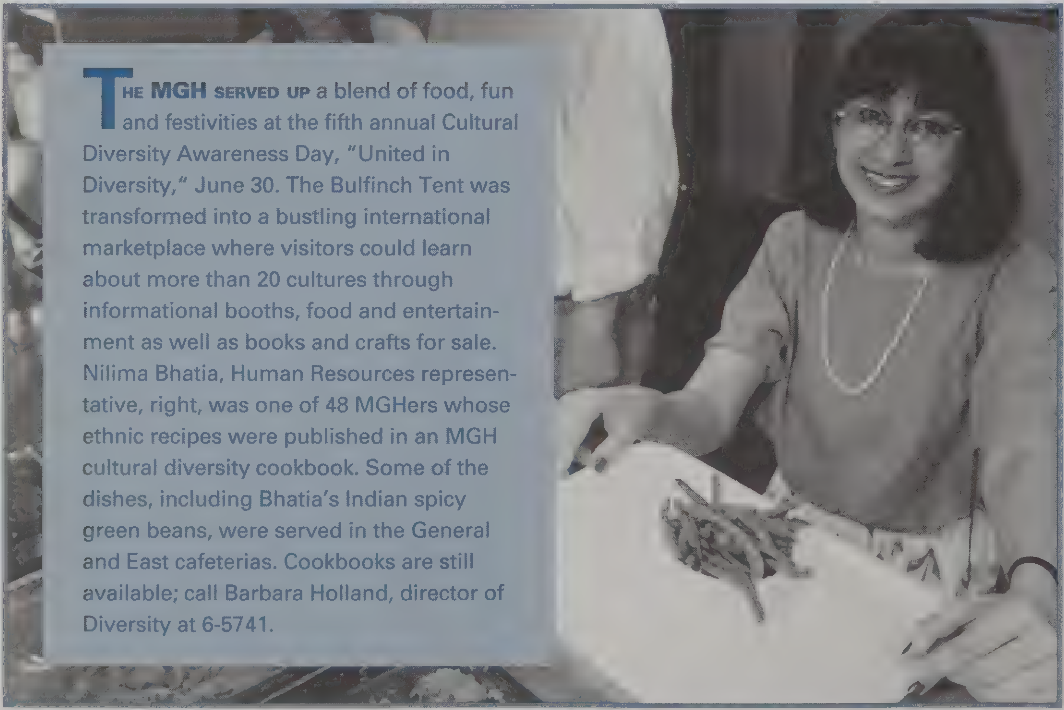
The case management program now evolving at the MGH hopes to provide such a guide. The case manager, notes Nancy Sullivan, director of the program, improves the experience of patients during and beyond their stay in the hospital, across a continuum of care, by coordinating and facilitating the sometimes complex interactions among the patient, a multidisciplinary health care team, reimbursement authorities and post-discharge health agencies. With equal measures of medical expertise, bureaucratic savvy and compassion, case managers can navigate a patient across what can seem an impassable sea of red tape. The result is efficient, cost-effective care with a high payoff in patient satisfaction.

Phase I case managers, from left to right: Lin Ti Chang, RN, Neurology/Neurosurgery; Midge Wenger, RN, Pediatrics; Debra Rafferty, RN, Cardiac; Barbara Davis, RN, float; Merry Dance, RN, Vascular; Barbara McLaughlin, RN, Admitting; Nancy Sullivan, director, Case Management; Joanne Wooldridge, RN, post-live support coordinator, Case Management; Sandra Hable, RN, Psychiatry; Pam Whisman, RN, computer system specialist; Eileen Farrell, RN, payor specialist; Suzanne Burke, RN, Medicine; Eileen Sullivan, RN, float; and Abbey Riley, RN, Emergency Services.

Case managers will begin working on six inpatient units, in the Emergency Department and in Admitting and Preadmitting starting July 18. There will be some 30 practicing case managers at the MGH by the fall. Most of the positions, notes Sullivan, will be filled by registered nurses already at the hospital.

Case managers will be assigned to specific services and carry a caseload of approximately 30 patients, accordi [illegible] Joanne Empoliti, MSN, RNCS, ONC, who served on the interdisciplinary committee of physicians, nurses and social workers that developed the case manager's role. While a primary responsibility of a case manager is discharge planning, that process actually begins when the patient is admitted. The case manager also acts as a liaison between the health care team and the patient's insurance plan, as well as extended care facilities or home health agencies that will be assuming the patient's care after discharge from the MGH. The case manager will assist the health care team in devising a treatment plan that works for both the payor and the patient.

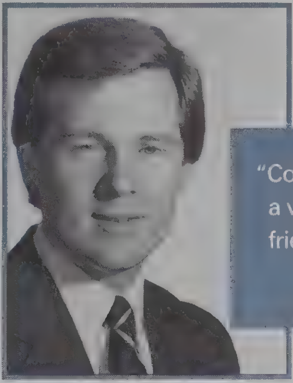
The case manager will be an informed communication link between the patient, the patient's family and the health care team — especially in matters concerning treatment, dis-



THE MGH SERVED UP a blend of food, fun and festivities at the fifth annual Cultural Diversity Awareness Day, "United in Diversity," June 30. The Bulfinch Tent was transformed into a bustling international marketplace where visitors could learn about more than 20 cultures through informational booths, food and entertainment as well as books and crafts for sale. Nilima Bhatia, Human Resources representative, right, was one of 48 MGHers whose ethnic recipes were published in an MGH cultural diversity cookbook. Some of the dishes, including Bhatia's Indian spicy green beans, were served in the General and East cafeterias. Cookbooks are still available; call Barbara Holland, director of Diversity at 6-5741.

Minaker named to lead new Geriatrics Unit

THE MANY SERVICES delivered to older patients at the MGH and its community health centers have long been recognized for their excellence, even though the hospital has never had an official program in geriatric medicine, the medical field concerned with care of elderly individuals. This summer, the MGH will inaugurate a new Geriatrics Unit within the Division of General Medicine in the Medical Service, and Kenneth Minaker, MD, has been named director. Currently he is chief of the Geriatric Research, Education and Clinical Center at the Brockton/West Roxbury Veteran's Administration Medical Center, where he also heads the Geriatric Medicine and Extended Care Services. Minaker also is on the staffs of BWH and Beth Israel Hospital.



"Collaborative relationships will make a very complex health system as friendly as possible for older patients."

– Kenneth Minaker, MD

"Dr. Minaker was the overwhelming choice of everyone we spoke with in our nationwide search to fill this position," says Albert Mulley, MD, director of General Medicine. "He is regarded as perhaps the country's best geriatric clinician and teacher."

The unit will serve as a hub for primary care geriatric services, provide consultation to other MGH physicians and health care professionals and contribute expertise to research and teaching programs. Unit staff will include geriatricians Dianelle Harari, MD, and Cornelia Cremens, MD, as well as Barbara Moscowitz, MSW, geriatric social worker; Barbara Roberg, RN, geriatric nurse practitioner; and Dexter Burley, PhD, gerontologist and administrative director. Two additional geriatricians will be added next year.

Peter Slavin, MD, senior vice president and chief medical officer, notes that the trend toward managed care is extending to over-65 patients. "To offer truly coordinated care for those in Medicare programs like the new package Partners is developing with Blue Cross and Blue Shield or the Tufts Secure Horizons plan, we need the focused expertise Dr. Minaker and his colleagues bring."

The unit's first effort will be establishing the MGH/Beacon Hill Geriatric Health Practice, a primary care practice located in Charles River Plaza, which will open in September. Minaker explains: "Many older individuals in the Back Bay and on Beacon Hill have expressed a need for easier access to the MGH; we want to reach out to them."

The practice also will expand services at Fox Hill Village, a retirement community in Westwood that is managed and partially owned by the MGH Health Services Corporation, and improve linkages with MGH specialty services. In addition, geriatrics staff services and assistance in health-care decision making will be available to MGHers and their family members.

"One of our major goals is working across institutional lines to improve continuity of care," Minaker says. "Collaborative relationships with our colleagues at the MGH, the health centers, Spaulding, Fox Hill and with our counterparts at the BWH and other Partners institutions will make a very complex health system as friendly as possible for our older patients."

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charge plans and insurance coverage. The case manager will also provide clinical evaluation and outcomes measurement. By working closely with the patient, the case manager can identify ways to improve the overall quality of care, positively affecting the total patient experience.

Within the hospital, the case manager also serves as a kind of troubleshooter and facilitator, constantly on the watch for ways to improve the patient experience and ready to get to the bottom of any issues arising during the patient's course of treatment.

"If an x-ray is delayed for some reason, or a patient needs another consult, or a piece of equipment needs to be found — it's the case manager's job to make things happen as smoothly as possible," says Empoliti.

The case management program was developed by the Case Management Working Group, which includes representatives from Nursing, the Massachusetts General Physicians Organization (MGPO), Social Services and the Clinical Care Management Unit (CCMU). It is an active partnership between physicians, nurses, social workers and others, says Peter Slavin, MD, chief medical officer and director of the CCMU, and has the full and active support of the MGPO. Most physicians are enthusiastic about the program, says Slavin, primarily because it promises to improve both clinical and non-clinical patient care and reduce costs — a win / win situation. ●

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MGH**HOTLINE**

Performance enhancement training

Learn how to use imagery techniques, hypnosis and behavioral rehearsal to improve performance from Max Shapiro, PhD, MGH psychologist, at a free lecture July 20, 4 to 5 pm in the Lower Amphitheatre in the Clinics Building. The lecture is one in a series sponsored by the Mind-Body Medicine Group. For more information, call Maureen Spencer, RN, MEd, at 4-3076.

Disaster Medicine in Japan

The MGH Department of Emergency Medicine presents "Disaster Medicine in Japan: Sarin Gas Poisoning and the Kobe Earthquake," a lecture by Naoki Aikawa, MD, director of Emergency Medical Services at Keio University Hospital in Tokyo. The lecture will be held July 21 at 9 am in the Bigelow Amphitheater on the fourth floor of the White Building. For more information contact Fred Volinsky, MD, or Leo Mayer at 6-7622.

Minority nursing scholarships

The Minority Nurse Retention and Recruitment Outreach Committee is accepting applications for its fall 1995 academic nursing scholarship. The deadline for submitting applications is July 31. For more information, contact Pamela Thompson at 4-9021.

Customer service tip line

Employees and staff who have witnessed or been the recipient of outstanding customer service are encouraged to inform the Training and Organizational Development Office (T&OD), which oversees the Service MGH program. Leave a message at 4-1098 or e-mail the information to MGHStory. Include names of those involved and describe what occurred and the difference made for customers (patients or co-workers). The information will provide examples for Service MGH training and enable T&OD to recognize those who are succeeding in improving customer service.

THE LONGEST-SURVIVING *MGH kidney transplantation recipient, Antonio Soares (center), was surprised when his brother and kidney donor Carlos Soares (left) appeared at a celebration of the transplant program's success. Antonio, who received a kidney transplant at the MGH 30 years ago, was one of several patients honored at the June 29 event. Pictured with the brothers is Antonio's physician, George Baker, MD.*

Strategic planning short-term action steps

Biotechnology Task Force

- expand the clinical research support office to improve the translation of research results into clinical practice
- coordinate existing MGH telemedicine programs (with Tertiary and Quaternary Care Task Force)

Graduate Medical Education Task Force

- develop a plan to right-size residency and fellowship programs
- coordinate MGH and BWH graduate medical education programs
- centralize administration and financing mechanisms for graduate medical education

Patient- and Family-Focused Care Task Force

- empower Gail Kuhn Weissman, EdD, RN, to advocate patient- and family-focused care in MGH policymaking
- appoint a single director to manage all operating rooms
- improve existing patient information system so location of patients can be determined more quickly
- develop an ambassadorial service to provide enhanced service to patients and visitors

Tertiary and Quaternary Care Task Force

- set standards for better communications between MGH and referring physicians (with Integrated Delivery System Task Force)
- coordinate existing MGH telemedicine programs (with Biotechnology Task Force)
- create an international office to meet the needs of foreign patients

Integrated Delivery System Task Force

- set standards for better communications between MGH and referring physicians (with Tertiary and Quaternary Care Task Force)
- establish an infrastructure to effectively manage capitated contracts
- study shifting demands for physician staffing

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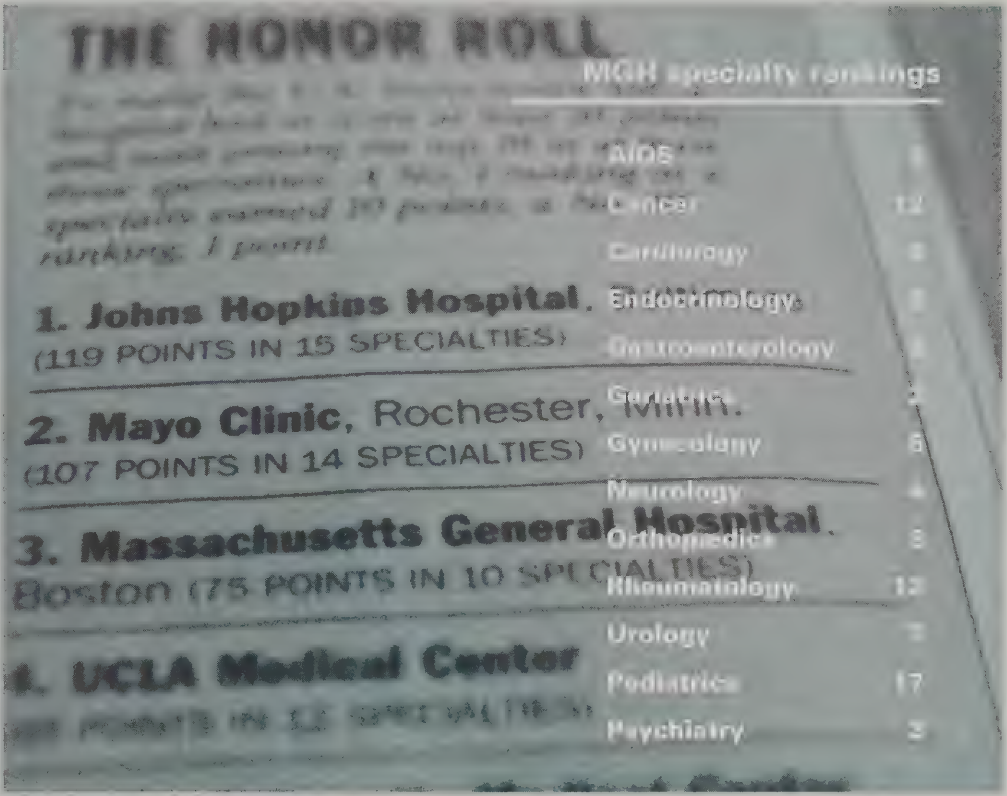
July 21, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The MGH places third on U.S. News and World Report 1995 national hospital "Honor Roll"



MEASURING health care quality has become an important focus as patients today are "health care consumers," hungry for information about where to find the best care. Many efforts to rank health care institutions have been undertaken, from consumer group "scorecards" to the popular magazine surveys that appear in national and local publications, such as *U.S. News and World Report* and *Boston Magazine*. Although each survey emphasizes different priorities and employs its own methodology, all offer feedback about how hospitals are performing. The MGH has fared well in most of these rankings, and while most are unscientific, they provide a look at how the MGH is perceived by those outside the hospital.

The latest feedback comes from the *1995 U.S. News and World Report* annual hospital survey in the July 24 issue. Since the inception of the survey six years ago, the MGH has consistently performed well and has always achieved status as the best hospital in the Northeast. The MGH ranked third on this year's "Honor Roll" of hospitals, with Johns Hopkins Hospital of Baltimore ranked first and the Mayo Clinic of Rochester, Minn., ranked second.

The survey uses reputational surveys and objective information to rank 1,631 tertiary care centers in 16 specialties. To make the Honor Roll, a hospital had to score at least 10 points and rank among the top 10 in at least three specialties. (See chart above for MGH rankings by specialty.)

MGH affiliates also fared well: McLean Hospital was ranked third among psychiatric programs, Spaulding placed 14th among rehabilitation hospitals, and BWH ranked eighth on the Honor Roll, placing among the top 10 in cardiology, gastroenterology, geriatrics, gynecology and rheumatology. Massachusetts Eye and Ear Infirmary, where many MGH patients are referred, ranked second in otolaryngology and fourth in ophthalmology. ●

PARTNERS PROGRESS

First large-scale consolidation begins as centralized Finance model takes shape

ONE OF THE most significant steps toward unification of some programs under the Partners umbrella was taken last week with the creation of a consolidated Partners Finance Department. Although other consolidations — the Office of General Counsel, Biomedical Engineering and the Treasury Office — represent successful combinations of functions within Partners, unification efforts have reached a new level in scale and complexity with the reshaping of Finance.

On July 12 and 13 Catherine Robbins, Partners vice president for Finance, met with most of the 700 Finance employees to describe the plans for consolidation and discuss the framework for the new Partners Finance structure.

"Creating and maintaining a structure that will function

(Continued on Page 2)

— Partners centralized finance model takes shape

(Continued from Page 1)

smoothly will require the collective thinking and help of all people in Finance, at all levels," says Robbins. "It will be a challenge, but I am confident that we can establish a system that can be a national model."

Partners Finance Department brings together the various units at the MGH and BWH under two broad areas, Financial Management and Financial Operations. James Alwell has been named corporate director for Financial Management and is responsible for budget, cost accounting, finance systems, financial analysis, managed care finance and reimbursement. Robert Spiller has been named corporate director for Financial Operations and is in charge of disbursements, general accounting, patient accounts, special accounting and taxes.

Alwell had been vice president of Finance for the General Hospital and Spiller had been vice president and controller at BWH. Spiller and Alwell will be responsible for developing a finance organization that provides support to operational and financial managers throughout Partners.

Management positions reporting to Spiller and Alwell have been posted, and internal candidates are now applying for positions. Decisions from this process are expected to be made by the middle of August.

Identifying space to house various consolidated units will be part of the next planning phase, with locations being identified by late fall and any necessary moves completed by late winter, says Robbins.

"Change leads to taking on new responsibilities, moving locations, changing positions and even losing jobs as the number of people needed to perform work decreases," says Robbins. "As we look at reshaping Finance and Partners leaders look at consolidating other departments, every effort is being made to plan in a thoughtful and fair way. Our aim is to give people an opportunity to adjust to new systems and new ways of working."

This phase of the Finance reshaping, which is part of an effort to provide integrated financial services to the Partners system, comes less than two months after Robbins was named Partners vice president for Finance and Jay Pieper was named Partners vice president for Corporate Development and Treasury Affairs (see *Hotline* May 19). ●

Remember: Re-register for parking

ALL MGHERS who currently park by coupon or card key in the front garages or Nashua Street lots (Brown, Orange) must re-register with the Parking Office by Aug. 1 in preparation for a new access control system being phased in during the fall. The Parking Office will provide more details about the access control system as they become available.

Registration forms are available in the Fruit Street Garage office and at the Nashua Street lots. Completed forms can be turned in to the cashiers at either of these facilities or the Parking Office in Ruth Sleeper Hall, Room 220. Parkers will need to show both an MGH identification badge and a vehicle registration.

Plenty of off-site parking is available, and site information and shuttle service schedules can be picked up at the garage office or from lot attendants. Rate sheets reflecting the increase that will be effective Aug. 1 also are available.

Parking questions? Call the Parking Office at 4-6588.

FROM THE ARCHIVES

The Charles Street Jail – I

SINCE 1843 when Boston Mayor Martin Brimmer first proposed a new jail during his inaugural address, the Suffolk County Jail, or Charles Street Jail, has been a topic of debate, discussion and controversy. Now owned by the MGH, the jail is listed on the National Register of Historic Buildings and possesses architectural as well as social significance in the history of Boston.

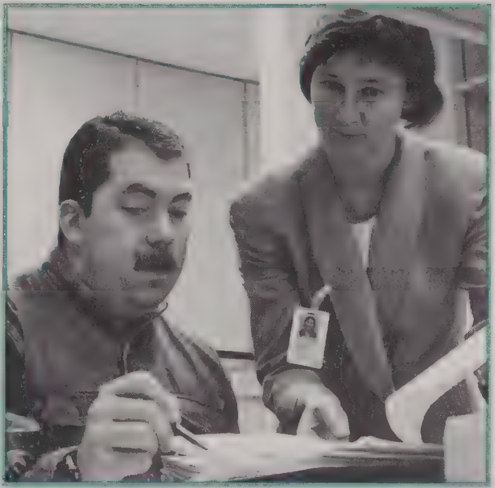
The jail was designed by Boston architect Gridley J.F. Bryant, well known throughout New England for his simple, bold, granite-style buildings, at a cost of $450,000 including the building and land. It has a central core with four wings attached. While the jail was in use, its central core housed jail support facilities as well as connecting galleries and stairways. Three of the four-story wings held interior cell blocks while the west wing housed administrative offices and served as the public entrance. The jail was different from most in that it included communal exercise yards, larger

Photo: Paul Mange, Iguana Photo

Acute Psychiatry Service gives immediate help to those in need

IN THE BRAVE NEW WORLD of managed care, preventive medicine is promoted as the key to health. Patients are encouraged to exercise, eat nutritious foods and get regular medical checkups. But for those suffering from mental health problems, prevention often is not possible.

The MGH's Acute Psychiatry Service (APS), which recently moved to renovated space within the Emergency Department, is a resource for those patients who experience sudden, severe psychiatric illness. For more than 30 years APS has offered emergency evaluations 24 hours a day, seven days a week on a walk-in basis to anyone who needs psychiatric help.



Stephen Ramirez, admitting assistant, reviews a patient's data with Kathy Sanders, MD, director of the Acute Psychiatry Service.

The service provides a range of emergency mental health services from evaluation to admission. Every month, more than 600 patients are triaged through APS. The majority of them are treated for anxiety and depression, and nearly one-third are admitted to hospitals for psychiatric care. Although many APS patients are self-referred, the service treats those who are referred by physicians, transferred from other facilities and brought in by police, ambulance, family members or friends.

The service is staffed by a team of psychiatrists, residents, social workers and other providers, as well as members of MGH Police and Security, and is directed by Kathy Sanders, MD. Three observation beds for acutely ill patients are available for the service to provide a less restrictive environment for psychiatric evaluation. Emergency services such as CT, MRI, EKG, radiology and laboratory, are integrated into patient care on site.

"Because of the very nature of many psychiatric disorders, patients sometimes need acute care," says Sanders. "And if funding for mental health services is reduced as part of health care reform efforts, the number of patients requiring acute care is likely to increase. All of these patients will need treatment for their immediate crises as well as follow-up care. The APS is one way we are responding to this growing need." ●

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ts [illegible]st and future

cells, a complete ventilation system and natural lighting.

An issue of debate in its development stage, the Charles Street Jail was based on the "Auburn Plan" in which prisoners spent nights in solitary confinement and worked in silence together during the day. The plan was thought to be more humane and more successful at rehabilitating prisoners than strict solitary confinement, the established practice of the time.

In 1971, conditions in the jail were ruled unconstitutional and 13 years later, after much debate, the state planned to build a new jail on Nashua Street, adjacent to Spaulding Rehabilitation Hospital, on land partially owned by the MGI[illegible] exchange for purchase of that land, the state offered the MGH the opportunity to purchase the Charles Street Jail. John Messervy, vice president of Planning and Construction says: "This was our first opportunity in 150 years to purchase the large parcel of land adjacent to the hospital. We were considering its long-term potential use and didn't have any immediate plans for the site."

In 1990, the MGH took possession of the Charles Street Jail but allowed the state to continue using it until 1991. The purchase agreement allows the MGH to proceed with selective demolition of parts of the jail, and the MGH agreed to maintain the facade of the old jail, which makes development for direct hospital use difficult.

Currently the jail is empty, and while its future is unknown, the surrounding land is used for parking. The new Northeast Proton Therapy Center will be built on a portion of the site.

"We are looking at different possibilities for the jail — not necessarily for direct hospital activities, but for uses that are in support of the mission of the MGH," Messervy says. "It's still too early to say what those might be."

> **"We are looking at different possibilities for the jail ... for uses that are in support of the mission of the MGH."**

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Teamwork helped the MGH welcome first quadruplets

WHAT DO YOU DO when you have an already full house and find out that more company is coming? That question faced the staff of the MGH Neonatal Intensive Care Unit (NICU) on the morning of June 1. The unit's 16 beds were filled, and up on the Blake 14 Labor and Delivery Unit Fredric Frigoletto, MD, was about to deliver the hospital's first set of quadruplets.

Meeting the challenge involved a lot of cooperation and initiative from nursing staff and other MGHers. The Ellison 17 Pediatric Unit staff members, who do not usually take care of newborns, volunteered to accept several NICU patients. OB nurses who were scheduled to be off duty came in to help out with the fourfold delivery. An Environmental Services worker, realizing that demand would be high for isolettes required for the care of premature infants, cleaned out an unused isolette and brought it up to Blake 14.

"The entire morning was filled with high energy levels, employees helping each other and 'high fives' being shared," recalls Jeanette Ives, RN, MS, nursing chief of the OB service. "I was very proud of the caring and teamwork I saw that day, and all those involved should be proud of their contributions."

The OB program staff invite all MGH employees and staff to join them as they celebrate the program's first anniversary July 25, 4 pm to 6 pm on Blake 10.

NURSES IN THE MGH NEONATAL INTENSIVE CARE UNIT (NICU) hold the Parks quadruplets, the first ever born at the MGH: from left, Maureen O'Donnell, RN, holding Brittany; Adrienne Sacco-Maguire, RN, holding William; Stephanie Megna, RN, holding Brandan; Julie Hetrick, RN, holding Courtney. Born on June 1, about 10 weeks early, the infants prospered under the care of the NICU staff and were transferred on June 30 to Brockton Hospital to be closer to their parents, Ann and Bill Parks.

WHAT'S HAPPENING

Open House on the beach

The staff of MGH HealthCare Center – Revere invites all employees to attend the official opening celebration at their new facility Sunday, July 23. Festivities begin at 12:30 pm with a ribbon-cutting ceremony at the new site at 300 Ocean Ave., across the street from Revere Beach. Refreshments, health screenings and gifts will be offered. For more information call the health center at its new number, 485-6000.

IN GENERAL

Scott McDougal, MD, chief of the Urology Service, was recently named president of the American Board of Urology.

"Care of the Adolescent Undergoing an Allograft Procedure," by **Mary Fahey Dealy, RNC, MSN; Kathryn Pazola, RNC, MSN,** staff nurse on Ellison 16; and **Diane Heislein, MS, PT,** clinical specialist, was published in the April issue of *Cancer Nursing.*

An article on advanced practice nursing in the Neonatal Intensive Care Unit by **Grace Clancy, RN, MS,** clinical nurse specialist at the MGH, and Denise Maguire, RNC, MS, of Beth Israel Hospital, was published in the March issue of *Critical Care Nursing Clinics of North America.*

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July 28, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

SYBIL KENNEDY, librarian assistant in the Treadwell Library, far left, joined scores of her fellow MGHers and their children for a chance to meet Gordon of Sesame Street, Thomas the Tank Engine and Lamb Chop at the Franklin Park Zoo July 22 for MGH Employee Family Day. Kennedy was joined by her friend, Linda Hyman, and Hyman's daughters Loukisha, second from left, and Jameela. "The kids loved it," Kennedy says. "They said the best part of the day was getting Gordon's autograph. He was their favorite when they watched Sesame Street." The event was sponsored by the MGH Children's Center and WGBH Channel 2.

Next year's residency cuts undecided despite impression left by media reports

ON JULY 16, *The Boston Sunday Globe* featured Partners-affiliated hospitals in a front-page article on the national trend toward decreasing the number of residents trained in academic medical centers. The MGH and BWH have reduced the number of residency slots for this year's class by 5 percent, approximately 20 positions (*Hotline,* May 26). According to H. Richard Nesson, MD, chief executive officer of Partners, while it may be necessary to institute further decreases of up to 10 percent next year, no decisions have been made in this regard, despite the impression left by the *Globe* story. Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners, addressed service chiefs and program directors July 17 and charged them with developing a residency and fellowship plan for the next three to five years.

Groups are being formed at BWH and the MGH to gather input and explore how further reductions may be made in a fair and equitable way. Debra Weinstein, MD, MGH director of Graduate Medical Education, will lead the effort at the MGH; and George Thibault, MD, BWH chief medical officer, will lead the effort at BWH. Weinstein and Thibault will form the Partners Committee on Graduate Medical Education with MGH and BWH representatives.

"While no decisions have been made yet concerning next year, we must consider additional residency cuts in light of proposed Medicare cuts in funding for graduate medical education," says Nesson.

Thier says: "We are facing strong educational and economic pressures causing change in the number and mix of residents trained at academic health centers. Ignoring these pressures would be unwise. The MGH and BWH understand these changes and are designing thoughtful, measured responses."

PARTNERS PROGRESS

Medical supply agreement to save $20 million

AS PART of its continuing efforts to streamline operations and reduce costs, Partners HealthCare System, Inc. is finalizing the terms of an innovative materials management partnership agreement with Owens & Minor, the nation's largest wholesale distributor of national branded medical/surgical supplies, and its manufacturer partners Abbott Laboratories, Johnson & Johnson, 3M, C.R. Bard, Kendall and Kimberly-Clark. This new agreement, the culmination of an extensive six-

(Continued on Page 4)

FROM THE ARCHIVES

A 150-year-old whodunit

THE CASE WAS as sensational as any murder trial from today's headlines: A respected Harvard professor was accused of killing and dismembering one of the city's best-known citizens. And it all happened at what is now the MGH.

George Parkman disappeared the afternoon of Friday, Nov. 23, 1849. The 60-year-old physician, who directed most of his attention to his real estate investments, was last seen walking toward the building housing Harvard Medical School (then called the Massachusetts Medical College), located approximately where the White Building now stands.

Two days later John W. Webster, a professor of Chemistry, admitted that Parkman had visited him in his laboratory Friday afternoon. Webster said he paid Parkman a portion of a large sum of money he had borrowed and insisted that Parkman left the meeting in a hurry, as if he had another appointment.

A police search of the medical college building, including Webster's laboratory, turned up nothing unusual, but several of those involved in the case suspected the professor. Ephraim Littlefield, the medical college janitor, had been puzzled on Friday afternoon when Webster's basement laboratory was locked and bolted from the inside. Over the next few days, Webster was seen at the college at unusual times. His doors remained locked, and water could be heard running constantly.

Littlefield climbed down to the open space below the building and broke through a brick wall into a vault beneath Webster's laboratory. There he found a man's pelvis and two leg bones. Later he and police entered the laboratory and opened a furnace used in Webster's chemical work. They

At the time physician George Parkman disappeared, the Bulfinch Building, then the only permanent MGH structure, stood across from the Massachusetts Medical College on the banks of the Charles River.

IN GENERAL

Dana Stearns, MD, attending physician, as well as **Juli Finn, RN,** and **Nancy Hassan, RN,** staff nurses, in the Emergency Department, were honored last month by Boston Firefighters Local 718 at its annual dinner for their roles in the care of two firefighters who were injured during a pier fire in Charlestown last June.

Stearns, who along with Finn was photographed at the dinner, was cited for his quick diagnosis of severe smoke inhalation in Darrell Johnson and Terrance Jones and recommendation of immediate treatment in a hyperbaric chamber, a procedure not then available in in Boston. Johnson and Jones were transferred to Norwalk Hospital in Connecticut accompanied by Finn and Hassan.

Neal Santangelo, Local 718 president, stated that what Stearns, Finn and Hassan did "was truly above and beyond the call of duty. The care that Darrell and Terrance received from the MGH during the early stages of their injuries was outstanding, and the firefighters are forever grateful."

Finn

Stearns

Rohan

"The Geriatric Oncology Patient: Ageism in Social Work Practice" by **Elizabeth Rohan, LICSW,** of Social Services, appeared in the January / February issue of the *Journal of Gerontological Social Work.*

Comprehensive Perioperative Nursing, a two-volume textbook coauthored by Barbara Gruendemann, RN, MS, and Billie Fernsebner, RN, MSN, CNOR, formerly a perioperative clinical nurse specialist in Operating Room Nursing at the MGH, features a number of MGH contributors: **Christine Donahue Annese, RN, MSN,** staff specialist, Operating Room Nursing; **Edward Coakley, RN, MSN, MEd, MA,** deputy chief nurse executive and chief of Operating Room, Emergency, Intensive Care and Surgical Nursing; **Anne Mercurio Fogarty, RN,** staff nurse, Operating Room Nursing; **Mark Hulse, RN,** trauma team leader, Operating Room Nursing; **Jeanette Ives, RN, MS,** nursi[illegible] chief of Ambulatory Care, Medical, Neuroscience, Vincent Obstetrics, Orthopaedic, Pediatric, Psychiatric Nursing and Nursing Support Services; **Maureen Spencer, RN, MEd,** of the Infection Control Unit; and **Kenneth Weinberg, PhD,** director of Safety.

found several bone fragments and a set of false teeth, later identified as Parkman's.

Webster denied killing Parkman, claiming that the evidence had been planted, but he was tried and convicted in March 1850. Despite two appeals, one of which reportedly contained Webster's confession, Webster was hanged in August at the Suffolk County Jail, then located near Leverett Circle. ●

ADVANCES

Telephone technology can help screen for depression

AN MGH-LED STUDY has found that a computerized telephone screening system can be useful in identifying individuals meeting criteria for depression. The study, led by Lee Baer, PhD, psychologist, was reported in the June 25 issue of the *Journal of the American Medical Association.*

During a two-week test conducted last fall, more than 1,800 people called a toll-free number to participate in the screening. Symptoms of depression were assessed by touch-tone responses to computerized digital voice recordings, and callers received immediate feedback regarding the results.

About 70 percent of those completing the call met criteria for some level of depression: 33 percent were judged minimal to mild, 26 percent moderate or marked, and 12 percent severe or extreme. Callers with depression symptoms were given toll-free numbers to call for further information and follow-up care.

The researchers say that the study's results show that this kind of automated screening can be an economical and useful way to identify people who may be depressed and give them easier access to mental health services.

Beach party

A community health center shares in the highs and lows experienced by the communities it serves. In Revere last Sunday, the community health center *was* the high point when more than 2,000 people turned out to celebrate the grand opening of the MGH HealthCare Center • Revere at 300 Ocean Ave., across the street from Revere Beach. The center's expansion in size, scope of services and number of providers was celebrated with free health screenings, refreshments, gifts and entertainment. The new center enables residents of Revere and surrounding communities to receive all their primary care and many specialty services in one facility.

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Please recycle in any white paper recycling box.

Service MGH trainers needed

The Training and Organizational Development Office is recruiting facilitators for the 10-hour Service MGH program, currently offered to all hospital employees and staff. Those who have experience training and/or facilitating groups and can commit to training a minimum of 10 hours every other month are encouraged to take an active role in the Service MGH program. An extensive training process is in place for those who are approved by the Customer Service Team. For more information, or for an application, please call Dee Dee Magers at 6-2230.

Support for nursing mothers

Empowering women to breast feed is the theme for this year's World Breast Feeding Week, Aug. 1 to 7. The health benefits derived from breast feeding extend to the mother as well as the infant. The MGH supports working mothers who breast feed with the Mother's Corner.

New mothers who return to work often worry whether they can continue breast feeding because it can be difficult to find a quiet space to express their milk while at work. Many women at the MGH find the Mother's Corner helps them successfully combine motherhood, breast feeding and their careers.

The Mother's Corner has two locations — on Vincent-Burnham 4 at the main campus and on the seventh floor at CNY. Each area offers a private, comfortable room, an electric breast pump and resource materials. Both areas are available seven days a week, 24 hours a day to accommodate all work schedules. For more information, please contact Employee Health Services at 6-2240 or the Employee Assistance Program at 6-6976.

A place for bicycles

To keep the newly repaired and painted railings around the hospital and the Bulfinch Lawn looking like new, employees and staff are asked to park their bicycles in the enclosed area at the corner of Parkman and North Anderson streets. Keys can be obtained at the Parking and Commuter Services Office in the Fruit Street Garage, Monday to Friday from 6 am to 6 pm, for a $3 deposit. To help keep the area secure, Police and Security patrol frequently, have installed a locked gate and enhanced the exterior lighting. Anyone seeing any suspicious people or activity in the area should call 6-2121 immediately.

Locking bicycles to railings around the hospital can block pedestrian and wheelchair traffic during emergencies. In addition, fire and safety codes prohibit storing bicycles in offices, laboratories, closets or corridors.

Effective immediately, Police and Security will remove bicycles from all railings, gates and posts on or around hospital property. In some cases bicycles may be locked to their secured area via the "Bulfinch Boot" to identify the owner.

Conveniences

The General Store and Flower Shop has more than gifts and flowers. It also offers dry-cleaning and laundering services. Stop by for details or call the General Store at 6-2227 or the Flower Shop at 6-4500. And just beyond the store, the recently renovated The General Hair Care Center — open to patients, visitors, employees and the public — stocks a variety of professional hair care products and provides a range of services Monday to Friday, 8:30 am to 4:30 pm. Appointments can be made by calling 6-3211.

— Supply agreement to save $20 million

(Continued from Page 1)

month review of general proposals and specific implementation plans by the Partners Materials Management Steering Committee, will feature a specialized inventory management system and, over three years, is expected to reduce by more than $20 million Partners' current annual expenditure of $75 million for medical/surgical products.

Savings will be realized from superior product pricing, distribution and logistics management improvements, information systems, product standardization and controlled utilization. Owens & Minor and its manufacturer partners will complement the expertise of staff at the MGH and BWH by providing input, including personnel, to facilitate all aspects of contract implementation. By working with industry leaders, Partners will be able to update and speed the supply and distribution process while maintaining or increasing quality.

In addition to cost savings based on administrative efficiencies, improvements in the management of patients in different disease categories also will be achieved through the coordinated efforts of Owens & Minor, its manufacturer partners and the clinical staff of BWH and the MGH. This feature of the agreement sets it apart from standard relationships among health care providers and manufacturers and distributors.

The Partners Materials Management Steering Committee worked with the Materials Management departments of the MGH and BWH, physicians, nurses, other clinicians and administrators on this project. Upon the signing of the letter of agreement with Owens & Minor on behalf of Partners, Jeffrey Otten, BWH's chief executive officer, who is leading this cost reduction effort for Partners, said, "Through the hard work of many individuals at BWH and the MGH we have developed a cost-savings opportunity that also will increase our efficiency and enhance patient satisfaction and quality of care." ●

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

August 4, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A gift from the heart

*"**I MAY NOT** be able to control the nerve impulses to my muscles, but I knew I could do something assertive about my condition," said Paul Tamburello, who has been diagnosed with amyotrophic lateral sclerosis (ALS), Lou Gehrig disease. On June 16 Tamburello rode his bike 130 miles, raising more than $8,000 from 150 of his friends, colleagues and neighbors. He donated the money to the MGH to help investigate the causes of and find treatments for ALS.*

"This ride has enabled me to fight a battle for myself and for others who are more seriously stricken," Tamburello, left, said. He is pictured with neurologist, Didier Cros, MD, center, and Robert Brown, MD, right, director of the Cecil B. Day Neuromuscular Research Laboratory.

PARTNERS PROGRESS

Partners names John Glaser chief information officer

JOHN GLASER, PHD, BWH vice president, Information Systems, has been named vice president and chief information officer of Partners HealthCare System, Inc., effective immediately. In this capacity, Glaser will develop the information system strategy for Partners. He will manage the acquisition, creation and integration of information systems needed to support and coordinate the delivery and management of care and the administration of the system and its components. Glaser will report to both the chief executive officer and president of Partners.

"By having John lead our information system planning activities, we will assure that the opportunities presented by information technology are appropriately considered," says H. Richard Nesson, MD, Partners chief executive officer. "John has a well-deserved national reputation for excellence and leadership in the selec-tion, design and implementation of information systems. He knows our institutions and cultures very well and is ideally suited to lead our efforts."

Glaser will review and approve information system plans of all components of the system to ensure integration and optimum resource allocation across all divisions and functions.

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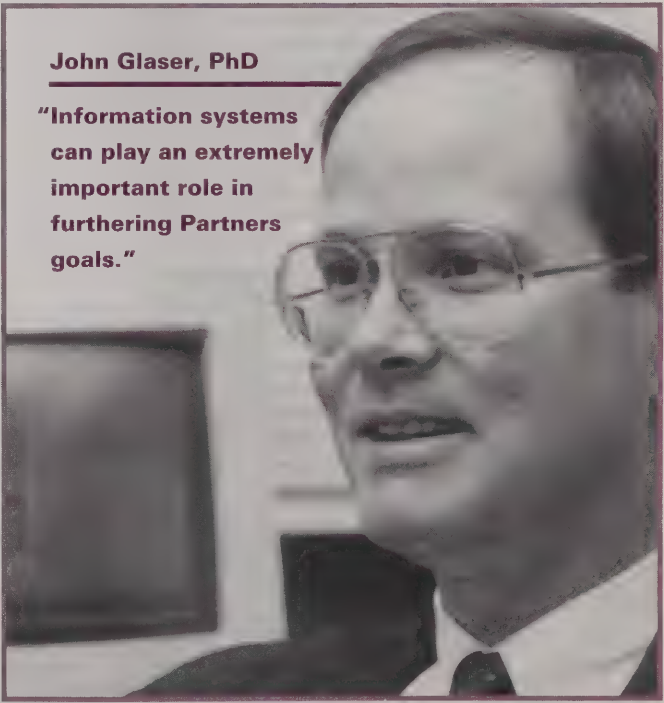

John Glaser, PhD

"Information systems can play an extremely important role in furthering Partners goals."

Summer shoveling

RAINY MORNING CLOUDS cleared long enough for a small group of those most closely involved in the planning of the Northeast Proton Therapy Center to gather next to the Charles Street Jail July 11 to celebrate the beginning of construction. Michael Goitein, PhD, Radiation Oncology, left, and Herman Suit, MD, DPhil, chief of Radiation Oncology, symbolically broke ground for the state-of-the-art facility, which will open in 1998 as a clinical resource for cancer patients from around the globe.

IN GENERAL

David Ahern, PhD, director of the Behavioral Medicine Unit, gave a presentation on stress management to the team coaches of the National Basketball Association as part of the NBA's rookie pre-draft camp.

J. Robert Buchanan, MD, general director emeritus, June 10 addressed the graduating class at Rush University in Chicago, Ill., and was named doctor of humane letters. His address to the graduates was titled "Health Professions: Privilege, Choice and Responsibility."

Martha Stone, Treadwell Library coordinator for Reference Services, in May presented "Three French Midwives: Their Influence on the Practice of Obstetrics, 1600 to 1850" at the 95th annual meeting of the Medical Library Association in Washington D.C.

— Partners names John Glaser chief information officer

(Continued from Page 1)

"Information systems can play an extremely important role in furthering Partners goals," says Glaser. "I look forward to working with Sam Miller [MGH senior vice president for Operations and chief information officer] and all my colleagues in the Partners network to develop the central and hospital-based organizations we will need to utilize information technology strategically and support ongoing activities and local needs."

Glaser received his bachelor's degree from Duke University and PhD in biometry and health information systems from the University of Minnesota. Before joining BWH in 1988, Glaser held positions at Arthur D. Little, Inc., in Cambridge and Abbott-Northwestern Hospital in Minneapolis.

At BWH, Glaser oversaw the introduction of the hospital's client/server system, the first of its size and kind in a health care facility. The system, encompassing 4,200 linked computer systems and 7,300 users, has paid off in user satisfaction and in dollars: Hospitals of similar size spend 25 to 50 percent more for their information systems and few, if any, have been able to use information systems as effectively to improve quality and contain costs. Glaser's accomplishments at BWH have received widespread acclaim, including recognition of BWH as one of "America's Most Computer Advanced Health Care Facilities" by *Healthcare Informatics.* Glaser received the John E. Gall Award for Healthcare CIO of the Year from the Healthcare Information and Management System Society in 1994.

"Only someone as bold as John would be able to make the appropriate recommendations and represent Partners in all strategic discussions related to the design or acquisition of information systems," says Samuel O. Thier, MD, Partners president. ●

"Development of a Nurse-Managed Unit and the Advanced Practitioner Role" by **Maryjane Giacalone, RN, MS; Denise Mullaney, RN, MS; Denise DeJoseph, RN, MS; and Marie Cosma, RN, MS,** all advanced practitioners in the Cardiac Access Unit, was published in the March issue of *Critical Care Nursing Clinics of North America.*

The Massachusets Medical Society honored surgeon **Grant Rodkey, MD,** in May by presenting him with its Lifetime Achievement Award. The society's student [illegible]ion also named its highest level of recognition in his honor.

Allan Goroll, MD, of Internal Medical Associates, was elected vice president of the Massachusetts Medical Society in May. The statewide professional organization has more than 16,000 physician, resident and medical student members.

Don't get hooked by a negative state of mind

TRAFFIC WAS HORRIFIC on the way to the MGH. A surly clerk served coffee at the doughnut shop. And an angry vendor was the first call of the day. Then, a patient walks through the door.

The way employees and staff respond to that patient at that moment makes a difference in that patient's overall experience at the MGH. Not getting "hooked" into a negative state of mind by others' behavior or circumstances is the message Service MGH trainers seek to convey with the hook graphic throughout the MGH.

"A negative or difficult situation can have a domino effect, making interactions that follow negative as well," says Dee Dee Magers, Service MGH manager. Service MGH trainers remind attendees that while no one can control others' behavior, they can control their own moods and reactions and keep a bad interaction from setting the tone for others.

How to avoid getting hooked

- Focus on what can be controlled, such as state of mind or attitude.
- Avoid taking negative behavior personally.
- Control state of mind by taking a break from the situation with a few deep breaths or a quick "time out" (a short walk, a trip to the water cooler, a quiet minute at your desk).
- Use positive "self-talk" to control thoughts (i.e. talk to yourself about the positive aspects of a situation).
- When dealing with an angry person, try not to get defensive, which might make the situation worse. Look beyond the person's defense of anger and try to see the possible causes.
- Try the human-business-human technique:
  Human: Stay calm, let the person vent and deal with their emotions first.
  Business: Move to logic, focusing on solving the problem.
  Human: Thank the person at the end of the conversation.

In the spirit of partnership

Fredric Frigoletto Jr., MD, left, chief of the MGH/Vincent Memorial Obstetrics Division, was on hand at a recent BWH lecture honoring his longtime friend Leonard Safon, MD, center, BWH Department of Obstetrics and Gynecology. Frigoletto spoke on "Is Active Management of Labor the Answer to the Cesarean Section Rate? Results of the ACT Study." He later joined Safon and Robert Barbieri, MD, right, chief of the BWH Department of Obstetrics and Gynecology, in viewing a portrait of Safon.

August 4, 1995

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MGH**HOTLINE**

ON Nov. 7, 1994, *40-year-old Kenneth Schwartz was diagnosed at the MGH with advanced lung cancer. His chronicle of his treatment over the last eight months, both clinical and personal, appeared in the July 16 Boston Globe Magazine. His story has touched readers throughout the region, inspiring hundreds of cards and letters and prompting discussion about cancer and health care on local talk radio. Reprints of the article are available in Hotline boxes.*

Schwartz, second from right, recently donated the payment he received for the article to the MGH Cancer Center. Pictured with Schwartz are: from left, Thomas Lynch Jr., MD, oncologist; Mimi Bartholomay, MSN, OCN, oncology nurse; Kurt Isselbacher, MD, director of the MGH Cancer Center; and Jose Vega, MD.

JCAHO Review

On Aug. 8, the Joint Commission on Accreditation of Healthcare Organizations will review progress on the Type 1 recommendations MGH received during the hospitalwide survey in September of 1994. Those with ques-tions should speak to their supervisor or contact Maryanne Spicer, director of Corporate Compliance, at 6-5109.

Strategic planning leadership e-mail retreat

As a follow-up to the strategic planning retreats held in March, the MGH Communication Subgroup currently is updating participants via computer. The "e-mail retreat" — a series of messages sent out on six consecutive Fridays in July and August — is the latest initiative in an ongoing hospitalwide communication effort. MGH leadership plays a key role by relaying important strategic planning information to their staffs. Employees and staff should contact their supervisors for more information. Questions and comments also can be directed to the Communication Subgroup's e-mail account – "The Grapevine" – or to Liz Austen at 4-6435.

MGH Shuttle Program

Two changes to the MGH Shuttle Program went into effect this week. Tour buses and the blue shuttle bus leased from a private contractor were replaced by blue and white MGH shuttle buses operated by MGH drivers. The other vehicles had been used on an interim basis to allow implementation of the parking lot support program without affecting other routes.

A new stop at the Massachusetts Eye and Ear Infirmary was added to the parking lot route, which also includes the MGH, the Museum of Science and the Nashua Street lots. Service begins at 5 am and continues through 12:40 am; however, the addition of this stop necessitated some minor changes to the current schedule. Copies of the revised schedule are available from Transportation Services at 6-2250 and Parking and Commuter Services at 4-6588.

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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425; by
fax to 6-7475; via e-mail to
HOTLINE; or by mail to the
Development and Public
Affairs Office at 101
Merrimac St., fourth floor.

Storing bicycles

The bike cage located next to Ruth Sleeper Hall will be dismantled to allow for modifications and expansions. Cyclists should make arrangements to move their bicycles before Aug. 9 to a temporary locked storage area between Ruth Sleeper Hall and West End House. Those with questions can call 4-6588.

AIDS education

Through a variety of events, the AIDS Education Task Force seeks to educate MGH employees, staff and patients about HIV and AIDS. The group meets monthly, and new members are needed to work on upcoming projects. For information, contact Sandy McLaughlin, LCSW, chair of the AIDS Education Task Force, at 4-0050.

MGH Gopher

The MGH Gopher not only contains MGH information, it also guides users to resources on the Internet. To learn more about Treadwell Library's "Introduction to MGH Gopher" course, please call 6-8600.

Recycle *Hotline*

Hotline is printed on recycled paper and can be recycled along with any other white paper in bins and boxes placed throughout the hospital.

August 11, 1995

MGH**HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Spaulding files lawsuit against state for breach of contract related to Central Artery construction.

See details on Page 4.

A trek from Bosnia to the MGH Children's Service

ON AN OVERCROWDED BUS, 11-year-old Aldin Toporan rode for 12 hours over streets and bridges damaged by bombs. He traveled from his home in Muslim East Mostar, Bosnia-Herzegovina, across enemy lines into West Mostar, and then north to Zagreb, the capital of Croatia. There, at a U.S. embassy, he received permission to travel to the United States to receive medical treatment at the MGH Children's Service.

Since birth, Aldin's left leg grew disproportionately to the rest of his body, causing a limp. Sometimes he experienced so much pain when walking that he resorted to crawling.

Unaccompanied by any family members – Aldin's mother was killed by sniper fire, his father spends every other week fighting on the front lines, and his grandparents live with his younger brother and some neighbors in a small, one-room barrack – Aldin made the trek with Bosnian surgeon Hasim Resic, MD, who feared that without proper medical treatment, Aldin would be forced to have his leg amputated.

Finding treatment for routine problems – much less for an uncommon illness like Aldin's – is difficult in war-torn Bosnia. Medicines and supplies are scarce, and facilities primitive, says Resic, who works in a 130-bed makeshift hospital built underground out of steel shipping containers. In this facility, he and five surgical trainees offer the area's only access to surgery for Muslim citizens and those fighting in the war.

Donald Medearis, Jr., MD, chief of the MGH Children's Service, learned about Aldin this spring from Elaine Yourtee, director of

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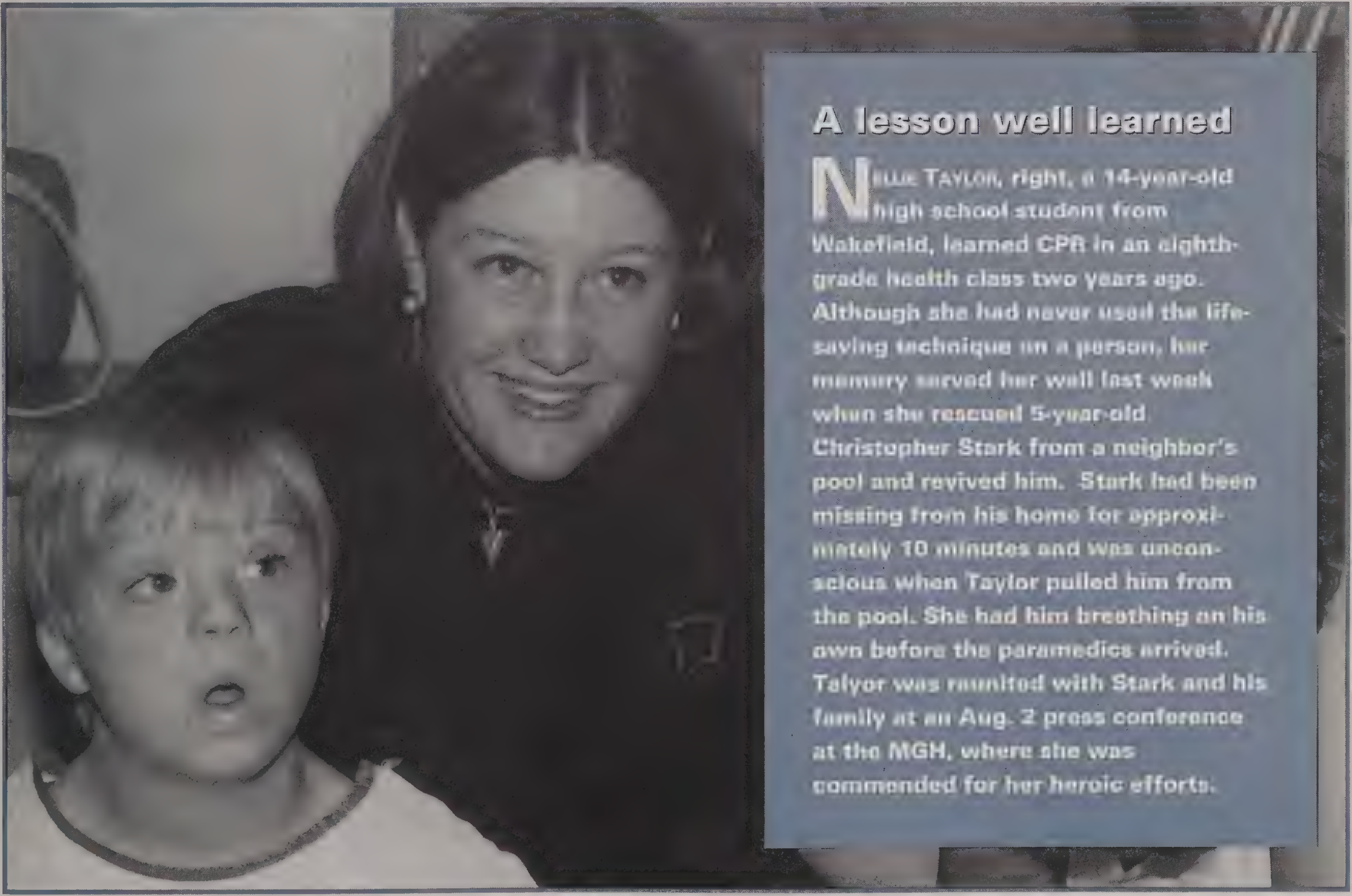


A lesson well learned

NELLIE TAYLOR, right, a 14-year-old high school student from Wakefield, learned CPR in an eighth-grade health class two years ago. Although she had never used the life-saving technique on a person, her memory served her well last week when she rescued 5-year-old Christopher Stark from a neighbor's pool and revived him. Stark had been missing from his home for approximately 10 minutes and was unconscious when Taylor pulled him from the pool. She had him breathing on his own before the paramedics arrived. Talyor was reunited with Stark and his family at an Aug. 2 press conference at the MGH, where she was commended for her heroic efforts.

—A trek from Bosnia to the MGH Children's Service

(Continued from Page 1)

Nobody's Children, a New Hampshire-based group dedicated to helping children in the world's trouble spots. The details of Aldin's condition were sketchy, explains Medearis. "We had no idea of the extent of what we would find when he got here."

Despite the lack of information, Medearis rallied colleagues throughout the hospital – from Oral Surgery to Pediatric Surgery – to take on Aldin's case. Eventually Nobody's Children arranged permission and flights for Aldin and Resic to travel to the MGH.

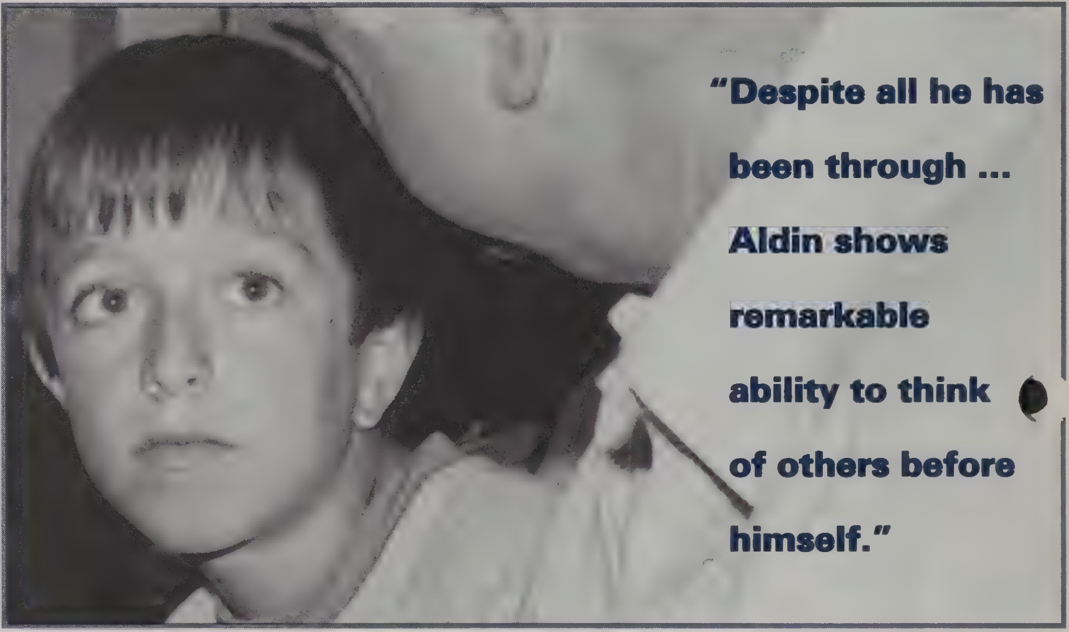
Although Aldin saw a range of clinicians who checked everything from his circulation to dental health, emphasis was on his leg. Among the first clinicians involved were experts in Radiology: Robert Bramson, MD, acting director, Division of Pediatric Imaging; Susan Connolly, MD, Pediatric Radiology; and Robert Spillane, MD, radiology resident. Aldin had a series of imaging tests to uncover the cause of his most outwardly visible symptom: a longer left leg that created difficulty walking.

The images and an examination by John Crawford, MD, emeritus chief, Pediatric Endocrinology, who specializes in hormone and growth problems, confirmed the diagnosis of Klippel-Trenaunay-Weber syndrome, a rare disorder involving the overgrowth of limb bones and soft tissues that can limit mobility, and abnormalities in arteries and veins, which can put sufferers at risk of potentially life-threatening infections and blood clots.

While some with the syndrome take anticoagulants to guard against clots, the inability to regularly monitor Aldin for treatment complications like internal bleeding and organ damage precluded such treatment. To alleviate the problems, David Zaleske, MD, chief, Pediatric Orthopædic Service, fit Aldin with an elastic stocking to improve vein drainage and added a lift to his right shoe, enabling Aldin to walk more comfortably. It is hoped that Aldin can return to the MGH Children's Service for follow-up care, especially after completing his adolescent growth spurt.

"Despite all he has been through, all of the emotional assaults and burdens, Aldin shows remarkable ability to think of others before himself," says Andra Adams, LICSW, who along with Medearis helped Aldin negotiate his way through a myriad of visits with caregivers. "When we were waiting between appointments, Aldin would pop up and offer his seat to anyone standing. At one point Mrs. Yourtee gave Aldin some crackers and candy. This boy, who has lived minimally and is partially malnourished, passed around the snacks to share. I wonder where a child who has spent so much of his life in a war-torn country gets such poise and graciousness."

Within weeks Aldin will return to his war-torn country, anxious to see his family. Resic is also anxious to return to his underground hospital to help other Bosnians. ●



"Despite all he has been through ... Aldin shows remarkable ability to think of others before himself."

IN GENERAL

W. Scott Enochs, MD, PhD, a resident in the Radiology Department, has been awarded a one-year, $25,000 Research Resident grant from the Radiological Society of North America (RSNA) Research and Education Fund to pursue his work on "Functional Imaging of CNS Neurons Using Novel MR Contrast Agents."

Priscilla J. Slanetz, MD, also a resident in the Radiology Department, has been awarded a one-year, $30,000 RSNA Fellow grant for her work on "Spiral CTA and MRA in Preoperative Assessment of Abdominal Aortic Aneurysms."

Daniel E. Singer, MD, director of Clinical Epidemiology in the General Internal Medicine Unit, presented "Anticoagulation for Atrial Fibrillation: Epidemiology Informing a Difficult Clinical Decision" in May as part of the Year in Medicine lecture series at the National Clinical Research Meetings of the Association of American Physicians; American Society for Clinical Investigation; and American Federation of Clinical Research.

WHAT'S HAPPENING

Grow your own scientist

MGH researchers have the opportunity to pass on their enthusiasm for science to sixth, seventh and eighth graders through the MGH/Timilty Partnership, which pairs mentors with students from the Timilty Middle School, an award-winning Boston public school with a diverse student population. Students and their MGH mentors get together four to six times from September through February to design and prepare projects for the school's annual science fair. For more information contact Andrea Gwosdow, PhD, before Aug. 15 at 4-3210, by fax at 4-3754 or e-mail at gwosdow@helix.mgh.harvard.edu.

This sale fits to a T

The General Store and Flower Shop will hold a T-shirt sale Aug. 17, from 11 am to 3 pm, on the Bulfinch Patio. Colorful T-shirts are $7.99 each or three for $19.99, and sweatshirts are $12.99 each or three for $24.99.

Missing Links roll along

The MGH cycling team, the Missing Links, completed the second phase of its 1995 bike tours in support of the Massachusetts Chapter of the National Multiple Sclerosis Society by participating in the Great Mass. Getaway in June. The third phase will feature the Oceanside Bike Fest, a one-day ride on the South Shore Sept. 17, including 25-, 5[illegible]d 100-mile routes. For more information or to join the team, contact Dennis Picarillo at 661-3561 or via e-mail.

Endowment pool policies changed

The MGH endowment pool consists of more than 500 individual endowment funds created over the years to support the institution. Each fund is unitized based on its market value relative to the total endowment pool. Historically, beneficiaries of an endowment fund received quarterly distributions; now they will receive monthly distributions for which they can budget the fixed dollar amount per unit.

The Partners Finance and Investment committees have set a $2.64 distribution amount for each endowment fund unit for the academic year that began July 1. One-twelfth of that amount will be distributed monthly beginning in August. This amount is 4.5 percent of the average unit market value for the three years that ended March 31, 1995, and compares to $2.53 distributed in prior periods.

Peter Markell, acting chief financial officer for the MGH, at 6-7812, can answer questions about the conversion of the per-unit distribution to the amount that will appear monthly on fund statements.

Bowlers, sign up to knock 'em down

The MGH Bowling League begins its 47th season Sept. 8 at the Ryan Family Center in Kenmore Square. New bowlers are welcome to join the league, which meets Thursdays at 5:15 pm. For information, call Carolynn DiRienzo at 4-0543, Carrie Vanish at 6-5368 or Linda Arini at 6-2945.

Clinical computing conference

Harvard Medical School and Beth Israel Hospital are sponsoring a conference on using computerized information systems to improve patient care management. "Clinical Computing in Patient Care: Managing Care, Managing Opportunity" will be held Sept. 28 and 29 at the Swissotel in Boston. For more information or to register, contact Lori Gershaw at the Beth Israel Center for Clinical Computing at 324-2202.

Conference to focus on transplant tolerance

The Massachusetts Biomedical Research Corporation is sponsoring a "Symposium on Tolerance: From Bench to Bedside," which will review progress in improving the success of organ transplantation through immune-system manipulation. Several MGH physicians and researchers will speak at the meeting Sept. 26 and 27 at the Colonnade Hotel in Boston. For information, contact Andrew Sutton at (800) 524-9856.

The director of the National Institutes of Health (NIH) in May created a clinical research advisory panel to discuss such matters as peer review, financing and conduct of clinical research, recruitment and training of clinical investigators as well as the role of the NIH Clinical Center and more than 70 NIH-funded, teaching-hospital-based research centers throughout the country. **Samuel O. Thier, MD,** president of the MGH and Partners HealthCare System, Inc., is a member of the 14-person [illegible], which met for the first time in July.

Joan Quinlan joined the MGH in June as director of Community Benefit Programs. Reporting to Allen Peckham, senior vice president for Development and Public Affairs, Quinlan will work with underserved communities to identify issues and design programs to improve the health status of their populations. She also will direct the MGH's participation in those programs. Most recently, Quinlan was the associate director of the Boston Health Care for the Homeless Program. Before that she served in the Dukakis administration as the governor's advisor on women's issues.

Gael Uhl, RN, MS, workman's compensation coordinator and occupational health nurse practitioner in the Employee Health Service, explained the case management needs of employees with work-related injuries in "Avoid the Workers' Comp Crunch," an article published in *HR Magazine's* June issue.

The Graduate Program in Nursing at the MGH Institute of Health Professions (IHP) in May was awarded a three-year $411,797 Health and Human Services grant for the expansion of the HIV / AIDS specialty nursing training program. **Inge B. Corless, RN, PhD,** associate professor in the IHP nursing program, directed the training-proposal team, which included **Emily Chandler, RN, MS, MDiv,** assistant professor; **Maureen Groër, RN, PhD,** IHP President and John Hilton Knowles professor; **Janice B. Meisenhelder, RN, DNSc,** associate professor; **Patrice Nicholas, RN, DNSc,** associate professor; **Raphella Sohier, RN, PhD,** professor; **John Twomey, RN, PhD,** assistant professor; and **Elaine Young, RN, PhD,** associate professor.

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MGH HOTLINE

Telephone directories: new format, contents

THE **1995** MGH Telephone Directory, which has a new format, is now available through MacIssac Office Products at no cost to hospital employees, staff and departments.

"The directories were redesigned to reflect the preferences of many members of the MGH community," says Samuel A. Miller, senior vice president for Operations and chief information officer. "The size – 7½ by 9 inches – is larger and easier to read than previous directories. The contents also reflect significant improvements based on feedback from many individuals and groups."

The new directory is paperbound – no binder needed – and listings are divided into five sections: general information, executive organization, employees and staff, departments and physicians by specialty.

Employees should recycle the white paper pages of old directories and dispose of binders after receiving the new books. A pocket-sized Pager ID Directory will be issued after all new house officers have received their pagers. ●

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

Spaulding to sue state over breach of contract

Manuel J. Lipson, MD, *Spaulding Rehabilitation Hospital chief executive officer, informed Spaulding employees and staff Wednesday about a breach of contract suit filed by Spaulding against the state:*

TO: Employees and Staff at Spaulding Rehabilitation Hospital
FROM: Manuel J. Lipson, MD
DATE: August 9, 1995
RE: Spaulding and the Central Artery Project

I want you to be aware that today Spaulding Rehabilitation Hospital filed a lawsuit against the Commonwealth of Massachusetts maintaining that the state has breached a contract in which it had committed to take Spaulding by eminent domain because of the construction impacts of the Central Artery Project.

Spaulding and the state entered into this contract in January 1993 after the state reviewed data from experts hired by Spaulding and the MGH and agreed that the impacts associated with construction of the Charles River Crossing would jeopardize patient care, disrupt access and threaten the very survival of the hospital. As you know, costs of the project have continued to rise, and last fall project officials, under pressure from the federal government, looked for ways to cut expenses. In January 1995, the state presented what was purported to be a new crossing design, saying it would prevent the need to take Spaulding.

Spaulding and the MGH again retained experts to analyze the revised design. They determined that the impacts of the new plan would be even worse for Spaulding than those associated with the earlier plan that had persuaded the state to take Spaulding. Project officials have said they will mitigate the impacts so Spaulding can continue to operate during the eight or more years of construction. Our experts, however, tell us that it will be nearly impossible to adequately mitigate the noise, decreased air quality, vibration and traffic disruption for such an extended period of time. Project officials promised to provide us with a mitigation plan by the end of July. The material that they provided, however, is simply a restatement of general mitigation standards, which we had already reviewed.

You should understand that we have worked hard to resolve this issue in a way that will enable Spaulding to continue offering high-quality care to its patients while allowing construction of the Central Artery to proceed. Construction in the Nashua Street area is slated to begin in the fall of 1996, and we are running out of the time. It is clear that litigation is now our best recourse if we are to preserve our institution for the thousands of patients and families we serve. I will keep you apprised of the situation as we move forward.

August 18, 1995

MGH **HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The changing landscape of the MGH

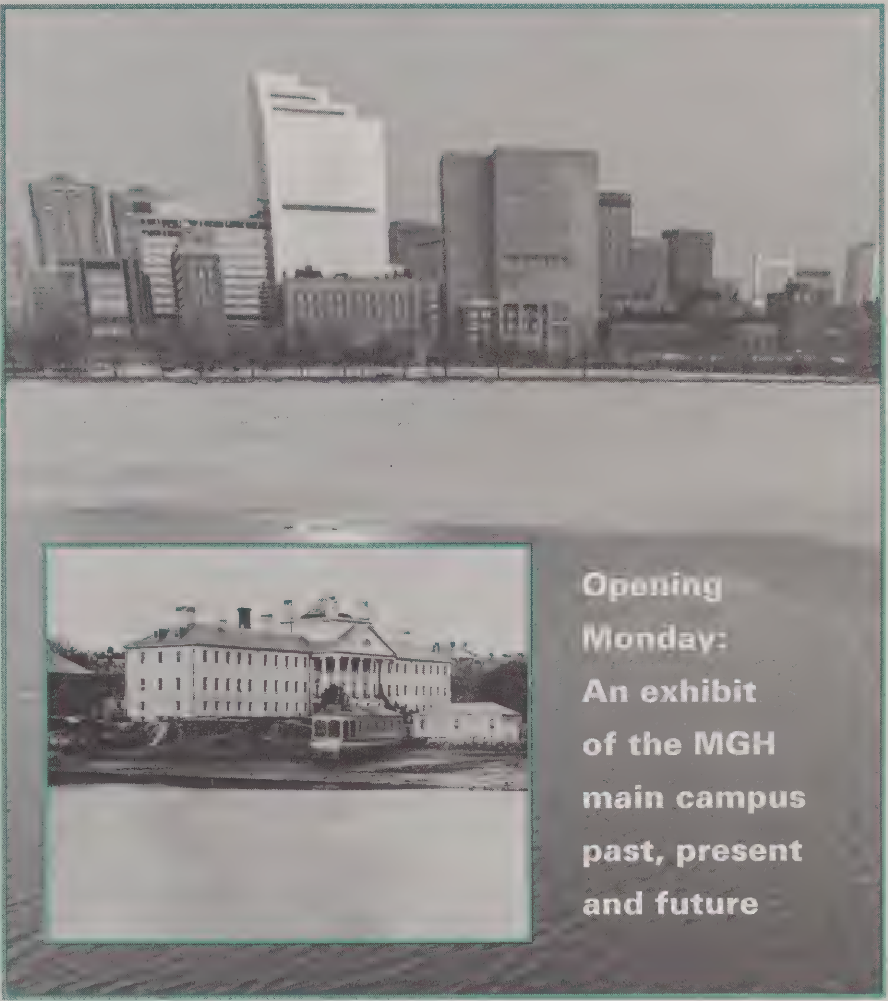
AN EXHIBIT of photographs and architectural plans detailing the main campus ground floor construction project will open at the former site of the MGH General Store Aug. 21. The temporary gallery housing the exhibit is open to all employees and staff as well as patients and visitors.

"This exhibit provides a clear and exciting overview of a construction project that will transform the main campus and benefit patients and their families, visitors, staff and employees alike," notes Samuel A. Miller, senior vice president for Operations and Chief Information Officer, who heads the committee overseeing the project.

in on the GROUND FLOOR

Oversized reproductions of architectural plans for the construction will be a central focus of the exhibit. The scope of the project — detailed in *Hotline* Dec. 16, 1994 — includes the widening of the main corridor, the renovation of the general cafeteria in the Gray Basement, the construction of an auditorium in the Blake Building, the renovation of the White, Gray, Warren and Cox lobbies and the establishment of a patient resource center at the present site of the administration offices on White 1. The plan will dramatically unify and upgrade the corridors of the main campus and includes many new amenities for patients.

The display also includes a selection of seldom-seen archival photographs and main campus plot plans that shows the progression of the MGH campus from its early days to the recent construction of the Ellison and Blake buildings. As the exhibit clearly reveals, the MGH campus is no stranger to construction and change.



Opening Monday: An exhibit of the MGH main campus past, present and future

The current project will last approximately three years. Beginning with the opening of the MGH General Store and Flower Shop in the Blake Building, the phases of the construction now underway include a modest renovation of the Warren Lobby and the construction of an auditorium in the Blake Building. On Sept. 10, the Gray Cafeteria will close for renovations, and the WACC cafeteria temporarily will expand to include the entire lobby. The East Cafeteria will remain open until May 15, 1996. Watch for more details of this and other changes in future issues of *Hotline*. ●

MGH, Partners financial information disclosed in annual filing.

Details on Page 4.

A touch of home

When North Parish Quilters was in search of an organization to benefit from their annual charity project earlier this year, one member, Bernadette Reilly-Smorowski, RN, staff nurse in the Neonatal Intensive Care Unit (NICU), suggested her unit. She explained that quilts draped over incubators shield the tiny, vulnerable patients within from becoming overstimulated in the bright, noisy and active atmosphere of the unit. Similarly, for parents and caregivers the coverlets add a soft, warm touch to the high-tech surroundings. Representatives from the150-member quilting guild delivered 46 handmade quilted blankets to the NICU July 25. The quilts will be given to needy and far-from-home patients and their families to use in the unit and keep after discharge. From left are, Wendy Jennings, RN, NICU charge nurse; Reilly-Smorowski; Grace Clancy, RN, MS, clinical nurse specialist; Susan Humphreys, RN, MS, NICU and PICU nurse manager; and Deborah Feinn and Maddie Hayes, president and vice president of North Parish Quilters.

Schizophrenia drug study

A DRUG USED TO TREAT TUBERCULOSIS also reduces symptoms of schizophrenia, reports a group of MGH researchers in the August issue of *The American Journal of Psychiatry*. The drug, D-cycloserine, is particularly promising because it relieves symptoms such as apathy and emotional withdrawal that are often unaffected by standard antipsychotic drugs.

The team, led by Donald Goff, MD, director of the MGH Psychotic Disorders Program, studied the effects of D-cycloserine on patients already receiving standard antipsychotic medication and found that intermediate doses of the drug improved patient symptoms and cognitive functioning. The improvements not only were identified by objective measurements, but also were apparent to both patients and their family members.

D-cycloserine was targeted for study because it is known to assist with the activation of NMDA receptors, sites in the brain that are stimulated by the neurotransmitter glutamate. Because certain drugs that produce schizophrenia-like symptoms — including PCP or "angel dust" — act by blocking the NMDA receptors, the researchers theorized that stimulating activity of the receptors could alleviate similar symptoms.

Other researchers participating in the study, which was conducted at the Eric Lindemann Mental Health Center, include Guichuan Tsai, MD, psychiatry resident; Dara Manoach, PhD, psychologist; and Joseph Coyle, MD, psychiatrist and chairman of the Harvard Medical School consolidated Department of Psychiatry.

MGH team finds third Alzheimer's gene

AN MGH RESEARCH TEAM, collaborating with scientists at other institutions, has discovered a new gene associated with a form of Alzheimer's disease. Rudolph Tanzi, PhD; Wilma Wasco, PhD, and colleagues at the MGH Genetics and Aging Unit — along with researchers at the Veteran's Administration Medical Center in Seattle, Wash. — announce the discovery in today's issue of *Science*.

The new gene, located on chromosome 1, is the third three capable of causing inherited early-onset Alzheimer's

IN GENERAL

Kathy Gill-Body, PT, MS, neurological clinical specialist in Physical Therapy and assistant professor at the MGH Institute of Health Professions (IHP), received the Jack Walker Award from the American Physical Therapy Association. The annual award recognizes work published in the journal *Physical Therapy* that makes a significant contribution to patient care. Gill-Body received the award for her role as primary author of an article about peripheral vestibular dysfunction. **David Krebs, PT, PhD,** of the IHP; **Stephen Parker, MD,** of Neurology, and **Patrick Riley, PhD,** of the Biomotion Laboratory, contributed to the paper.

Michael Vousboukis, senior attending technician in the Pharmacy Department, was named Technician of the Year at the Massachusetts Society of Hospital Pharmacists annual awards banquet in June. The award recognizes excellence in and commitment to pharmacy practice.

Virginia Capasso, RN, MSN, clinical nurse specialist, presented "Complications of Aortic Aneurysm Surgery" and "Peripheral Arterial Thrombolytic Therapy" at a vascular nursing conference sponsored by St. John's Mercy Medical Center in St. Louis. She also spoke about managing arterial and venous ulcers at a wound-care conference at Yale-New Haven Hospital in New Haven, Conn.

disease. Called STM-2, it is very similar to an Alzheimer's gene on chromosome 14, identified in June by an international group including the MGH researchers. Like that gene, STM-2 is directly causative of early-onset Alzheimer's; anyone who inherits a mutated form of the gene is destined to develop the disease before age 65.

The researchers note that the similarity between the new gene — first identified by Wasco — and the chromosome 14 gene supports evidence that mutations to the genes can cause Alzheimer's. Inherited early-onset Alzheimer's probably accounts for only 10 percent of all cases of the disease; the vast majority of patients develop symptoms after age 65 and do not have a family history of the disease. However, understanding what the genes do and what goes wrong when they are mutated should give important clues to understanding the processes leading to all forms of Alzheimer's.

[illegible] and members of his team have been involved in finding all three early-onset Alzheimer's genes, the first of which was discovered in 1987.

LETTERS

June 8, 1995

W. Gerald Austen, MD
MGH Surgeon in Chief

Dear Dr. Austen,

I thought you would be interested to know that a former patient of yours, Elizabeth Gartner, celebrated her 100th birthday on March 19. In 1971 you replaced a valve in her heart at Mass. General. My son, Richard Birkhead, who is a cardiologist practicing in Lowell, Mass., says it is a miracle she is still alive 24 years later because the valve used in 1971 was not expected to last so long. Aren't you glad you took the chance [performing a valve replacement] on a 76-year-old woman!

Until 10 years ago, Elizabeth, who is my mother, lived alone in her house on Cape Cod and kept busy with friends and stenciling chairs and trays. Since that time, she has been in Syracuse, New York, near me. While in an adult residence she had a wonderful romance with a "younger" man in his 80s.

Arthritis in her knee has put her in a wheelchair in a nursing home where she participates in many activities and works on her word puzzles.

We thought you deserved a thank-you for helping Mother reach this important milestone. She said, "Imagine being 100 years old … and I'm not an old lady by any means."

Sincerely,

Louise Birkhead
Syracuse, New York

August 18, 1995

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MGH**HOTLINE**

Executive compensation information filed in annual disclosure of financial data

ON AUG. 15, PARTNERS HEALTHCARE SYSTEM, INC., and its affiliated institutions, including the MGH, filed Massachusetts Form PC and IRS Form 990 with the Commonwealth's attorney general. These forms, which are public documents, provide detailed financial information, including compensation of the highest paid employees of each organization. In recent years, this information — particularly executive compensation — has received a great deal of media attention. It is especially important to put this year's filing in the proper context because the media focus may be on the MGH.

In fiscal year 1994, J. Robert Buchanan, MD, former MGH general director, received compensation of $616,959 including salary, deferred compensation and the value of other benefits. However, because of a contingent deferred compensation award earned over a prior period of six years, his total compensation reported for FY '94 is $1,326,390.

In a written statement prepared for the media, Ferdinand Colloredo-Mansfeld, chairman of the MGH's Board of Trustees, notes that the MGH trustees established a special incentive for Dr. Buchanan in 1988 because of their, "desire to retain [him] in the position of general director at a time of great competition in health care for proven, well-qualified executive leaders." The statement also mentions that the incentive amount was contingent upon Buchanan continuing as general director for an additional five years, subsequently extended to six years. He would have forfeited the entire amount had he not remained in the position for the additional six years. During the vesting period, the deferred compensation earned interest, bringing the total award to $709,431.

During Buchanan's tenure as MGH general director from 1982 to 1994, his guidance and leadership helped the MGH through times of enormous change in medicine, science and health care delivery. He is credited with strengthening the hospital's capital position, improving its fundraising program and reshaping the hospital's physical presence, from the renewal of its Boston campus to the development of the world-class research facility in Charlestown. In his final year at the MGH, Buchanan's vision was instrumental in the creation of Partners.

Operations Improvement

MGH leadership will learn about the work accomplished in Phase One of the Operations Improvement Program in information sessions held over the next three weeks. These educational seminars are part of an ongoing hospitalwide communication effort that relies on leadership to share important information with staff and employees. To learn more about Operations Improvement, talk to your supervisor. Questions and comments also can be directed to the MGH Communication Subgroup's e-mail account — "The Grapevine" — or to Liz Austen at 4-6435.

Bowling League correction

The MGH Bowling League's first meeting of the new season will be **Thursday, Sept. 7,** not Sept. 8 as printed in last week's issue. For more information, contact Carolynn DiRienzo at 4-0543, Carrie Vanish at 6-5368 or Linda Arini at 6-2945.

Postoperative feeding

The Department of Dietetics will sponsor a lecture "Early Postoperative Feeding/Nutrition Support of the Adult and Pediatric Patient," by Richard J. Andrassy, MD, A.G. McNeese Professor and chairman, Department of Surgery, University of Texas Health Science Center. The lecture will be Sept. 13, 11 am, at the Bigelow Amphitheater on White 4.

Room for kids

The MGH Children's Center has full- and part-time openings this fall for children between the ages of 6 weeks and 17 months old. For applications and information about day care services, please call 6-KIDS.

Spaulding Walk-a-thon

For the tenth year, Spaulding is planning the Pediatric Walk-a-thon to benefit youngsters in the Child and Adolescent Rehabilitation Program and their families. This year's five-mile walk will be held Sept. 16, from 10 am to 3 pm, and will be followed by a complimentary picnic lunch at Spaulding. For registration sheets and information, call 720-6645.

AIDS Ride

Several MGHers will join more than 3,000 other riders Sept. 15 to begin the three-day, 250-mile bicycle ride from Boston to New York's Battery Park. Riders commit to raising money to join the ride, and all proceeds will go to help pay for the care of people diagnosed with HIV infection or AIDS. Those interested in joining the ride, donating time or making a pledge, can call Lisa Hatch, Mike Rindone or Kathy Cook at 6-4393.

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August 25, 1995

MGH**HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Operations Improvement vision and goals set

RESPONDING to market pressures to provide cost-effective, high-quality care, the MGH earlier this year launched Operations Improvement (OI). OI is a comprehensive effort designed to make the hospital more cost competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

During the spring and summer, the first phase of OI set forth measurable expectations for cost, service and quality. Now, as OI prepares to enter the next phase, the focus becomes implementing a plan to achieve these goals.

"Senior leadership teams have done a great job laying the groundwork for figuring out ways to make the MGH better in terms of quality, service and cost," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement and coordinating member of the OI Steering Committee. "They've created a vision for how the MGH will look in the future, set realistic goals for improvement in quality, found ways to measure and track these improvements over time and assigned specific targets for cost reductions."

OI is a process of creatively rethinking and redesigning the way work is carried out and the way care is delivered to patients, says Steering Committee co-chair W. Gerald Austen, MD, MGH surgeon-in-chief and Massachusetts General Physicians Organization chief executive officer. OI will simplify processes, move services closer to patients, group patients according to resource needs, reduce and consolidate job categories and flatten the management structure. "By doing things in a more efficient way, the MGH can save money and at the same time maintain or improve quality," says Austen.

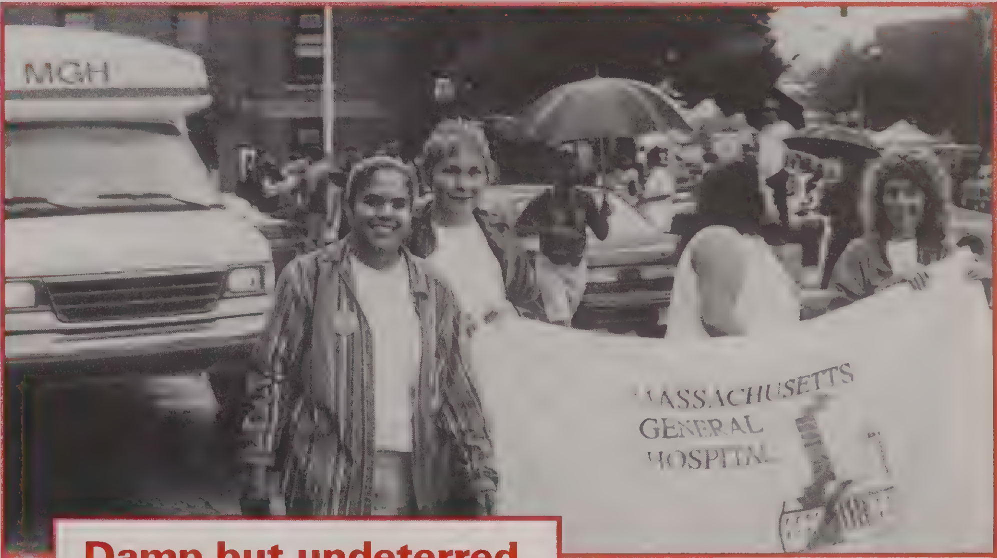
It is through OI that the MGH intends to reduce expenses by a minimum of $128 million over the next three years. Davis explains, "The overall target is based on our best judgment of where the market will go over the next few years and where the MGH must stand financially to succeed in the new environment."

Davis stresses that the MGH will not allocate cost targets across the board to

(Continued on Page 4)

OPERATIONS IMPROVEMENT

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.



Damp but undeterred

Despite rain and heat that sent many people scurrying for air-conditioned shelter, the weather did not dampen the enthusiasm of those who attended the 15th annual Chelsea Latin American Festival Aug. 6. Chief among the spirited participants were representatives of the MGH Chelsea Memorial Health Center — from left, Marisol Santiago-Baez, MGH community coordinator for the Women, Infants and Children Program; Christine Dresp, LICSW, social worker; Zaide Adames, outreach worker; and Kathlene McGrail, MPH, smoking cessation coordinator — who all demonstrated the MGH's support for the multicultural community by marching in the festival's parade.

Exit the General Cafeteria, enter the Hard Hat Cafe

ALTHOUGH the old "doctor's line" — current site of deli and hot food lines in the East Cafeteria — will remain open for hot food, the General Cafeteria in the Gray Basement will close its doors for renovations Sept. 11 and will not open again until after Labor Day 1996.

To compensate for the closure, the WACC Cafeteria will expand to occupy the entire WACC Lobby, and several new satellite food centers will be established.

"The new cafeteria will be worth the disruption," says Helen Doherty, director of Dietetics, as she contemplates color swatches for the temporary cafeteria logo. "We know it's going to be tough. But we're going to make it as fun as possible, with lots of the old favorites and many new items."

Sitting at a table in her office piled with plans and blueprints, Doherty talks excitedly about the Hard Hat Cafe — the name of the expanded WACC Cafeteria — and its mascot, General Caf, a large yellow dog with a chef's hat jauntily perched on his head.

"The cafe will include a salad bar, two made-to-order sandwich lines, and three quick-pick dessert, sandwich and beverage lines," says Doherty, gesturing toward a blueprint. "Plus, we plan to keep the Bulfinch BBQ and Ice Cream Cart open as long as we can, probably until October."

In addition, food service in the Gray Lobby will expand to include lunch foods, and, in November, the Blossom Street Cafe — which will offer fortified drinks and food required by many patients as well as conventional fare — will open in the hallway leading to the Cox Lobby.

"The best thing about this whole project," says Doherty, "is that we're going back to feeding people on Saturday and Sunday nights. That's right, the Hard Hat Cafe will be open 6:30 am to 8 pm, seven days a week."

While many might feel inconvenienced that their lunchtime and dinner habits will have to change, no one will be more affected than the dietary workers, who daily prepare 160 gallons of soup, wash 1,000 pounds of greens, slice 300 to 400 pounds of meat and cheese and 8 to 10 cases of tomatoes, and bake 160 dozen chocolate chip cookies. All that food will soon have to be carted about five times further than it is now.

"It's going to be fun," says Doherty with a wink. "General Caf will make sure of that." ●

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in on the GROUND FLOOR

While the General Cafeteria is closed for renovations, the WACC Cafeteria will be expanded to become the Hard Hat Cafe, open 6:30 am to 8 pm, seven days a week.

1 Relocated Information Desk

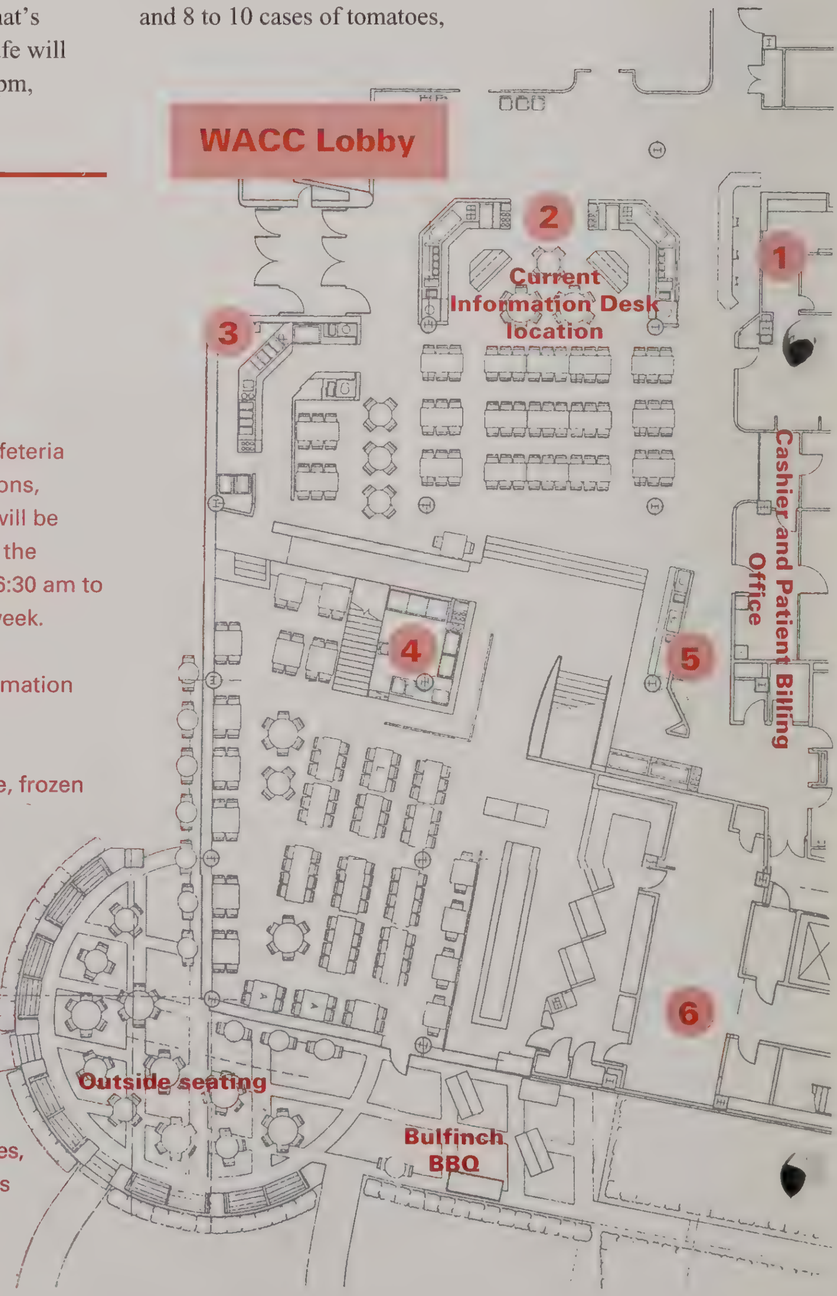
2 Desserts, coffee, frozen yogurt, snacks

3 Deli bar: sandwiches, salads

4 Salad bar

5 Quick pick: sandwiches, salads, beverages, desserts, snacks

6 Current WACC Cafeteria site


WACC Lobby
1
2
Current Information Desk location
3
4
5
Cashier and Patient Billing Office
6
Outside seating
Bulfinch BBQ

Team incentive program for fiscal year 1995 is drawing to a close

WHEN THE MGH began using a new anti-nausea drug called Granisetron for chemotherapy patients *(Hotline,* Aug. 12, 1994), a group of Pharmacy employees immediately saw the potential for substantial cost savings. They suggested that syringes be prepared in batches with the standard dose of the pricey drug, thereby eliminating waste and capturing the manufacturer's overfill in each vial. The team's process saves the MGH almost $100,000 each year for this drug alone. This change in procedure earned each team member a $100 bonus under the Team Incentive Pay Program.

The MGH set aside $500,000 in October 1994 to fund the Team Incentive Pay Program for fiscal year 1995. While payouts are still available for teams of enterprising MGH employees whose projects successfully reduce costs or increase revenue for the hospital, the end of the fiscal year is approaching, and time is running out for new submissions. The program's Rewards Review Panel suggests that teams consult with appropriate department leaders and submit a brief summary of their project, including the cost reduction or rev- enhancement achieved, as soon as possible to Rewards Review Panel, Wage and Salary Office, M01506.

Remembering Carrie Vanish

Carrie Vanish, 56, who worked at the MGH for nearly 27 years, died Aug. 20. Vanish spent most of her years in Admitting Services, most recently as an admissions interviewer. Vanish also was an active member of the MGH Bowling League.

In 1991 Vanish was named a YMCA Black Achiever in recognition of her commitment to the development of young people. An avid traveler, Vanish said that she wanted to encourage youth in the YMCA's linkage program to read. "Even if they can't travel, they can read," she said upon accepting her Black Achiever award. "The world is much larger than Boston. If you read, you can use your imagination to travel."

At the time of her award, a patient whom Vanish had helped wrote: "No one looks forward to being a hospital patient. But from the moment I met Carrie Vanish until I left this morning, my vague apprehensions and nebulous fears were allayed. I've never had so many things done for me in such a short period of time, all with great courtesy, patience and professional care."

A memorial service for Vanish will be held Aug. 31, Wellman 1 Conference Room, from 2:30 to 4 pm.

IN GENERAL

Dora Kovacs, PhD, of the Neurology Department's Genetics and Aging Unit, in June received a research fellowship jointly funded by the French Foundation for Alzheimer Research and The Unicare Foundation. Kovacs is working on isolating the cellular events that may lead to the formation of amyloid deposits in the brains of Alzheimer's patients.

Isaac Schiff, MD, chief of the MGH Vincent Memorial Obstetrics and Gynecology Service, recently became the first man ever to receive the Women's Health Achievement Award for Clinical Science from the Society for the Advancement of Women's Health Research, ner-Wellcome and the National Council. **Patricia Donahoe, MD,** chief of Pediatric Surgery, was presented with the Award for Basic Science.

Nelson

Poliquin

Two MGH nurses were honored at the Massachusetts Chapter of the Leukemia Society of America's 10th Annual Appreciation Night in June. **Jill Nelson, RN,** staff nurse on Ellison 14, received The Leukemia Walk for a Cure award for her role as a principal coordinator of the fund-raising event of the same name. **Cathleen Poliquin, RN, MS,** clinical nurse specialist with the Bone Marrow Transplant Program, was named Volunteer of the Year for 1995.

Priscilla Slanetz, MD, MPH, a resident in Radiology, will receive the Distinguished Resident Award in Diagnostic Radiology from The American Association for Women Radiologists in November.

Michelle Gadd, MD, of Surgical Oncology, has been appointed MGH's cancer liaison physician to the American College of Surgeons Commission on Cancer. She will provide leadership and support to the MGH on activities involving the Commission on Cancer.

MacDonald

Theresa MacDonald, RN, staff nurse in the Neonatal Intensive Care Unit (NICU), received the 1995 Ben Corrao Clanon Memorial Scholarship in July. The $500 educational grant has been awarded to NICU nurses since 1987. The scholarship was created by Jeff and Regina Corrao Clanon in memory of their son who died at four weeks of age in the NICU.

— *Operations Improvement vision and goals set*

(Continued from Page 1)

departmental budgets. Instead, OI teams have compared expenses in operational and clinical areas at the MGH with those of other academic and community hospitals. Based on these comparisons, the teams set cost-savings goals in specific operational and clinical areas.

As part of the next phase, design team leaders, along with those who "do the work," will develop plans by year end to meet the cost, service and quality targets that have been set. While implementation of many cost-saving and service and quality improvement projects already is under way, plans developed by the design teams will be implemented as soon as possible and will continue for two to three years.

Upcoming issues of *Hotline* will include more on the design teams and other OI efforts. ●

> **OI will simplify processes, move services closer to patients, group patients according to their needs, consolidate job categories and flatten the management structure.**

WHAT'S HAPPENING

Making Strides Against Breast Cancer

A team from the MGH will join the fight against breast cancer Sept. 24 by walking in Making Strides Against Breast Cancer, a five-mile pledge walk in Boston for the American Cancer Society. The route starts and ends at the Hatch Shell on the Charles River Esplanade. Registration will be from 8 to 10 am.

Walkers are needed for the MGH team. Those interested can contact Joan Gallagher, EdD, RN, at 6-2551; Maria Hanley, RTRM, at 6-3517; Sally Hooper, LICSW, at 4-3876; or Deborah MacDonald, RN, MS, at 6-7803. Event T-shirts ($7 each) may be ordered before Aug. 31.

Walk for the Animals

MGHers are forming a team to walk in the 15th annual Walk for the Animals Sept. 17 sponsored by the Massachusetts Society for the Prevention of Cruelty to Animals. The MGH team will join others in the 1.7 mile stroll around Jamaica Pond to raise money to support animal rescue, medical care and public education. Those interested in walking or who would like to sponsor a walker, can call Caryn Wilson at 6-6835.

Gay/Lesbian/Bisexual Alliance plans trip

Join the MGH Gay/Lesbian/Bisexual Alliance for a trip to George's Island, Sept. 10. The $12 cost includes boat fare and lunch. Please call 6-5687 for more information or to RSVP by Aug. 29. The next GLBA meeting will be Sept. 19, at 5:15 pm, Burr Conference Room C.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

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OI phase one team leaders

Vision Team

Jean Elrick, MD
Assistant in Anesthesia

Clinical Targets Team

James Richter, MD
Medical Director for the Massachusetts General Physicians Organization

Peter Slavin, MD
Senior Vice President
and Chief Medical Officer

Financial Targets Team

James Alwell
Partners Corporate Director
for Financial Management

Jane Holtz
Vice President for Neurosciences

Service Targets Team

Elizabeth Mort, MD, MPH
Assistant in Medicine
Director of Quality Measurement in the
Clinical Care Management Unit

Ann Prestipino
Vice President for Surgical
and Anesthesia Services

September 1, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Restructured roles are expected to improve patient care, reduce costs

A NOVEL CLINICAL TRIAL will begin soon on Ellison 6 and Bigelow 10. It is not a drug, intervention or device that is about to be tested but an innovative way of delivering inpatient care at the MGH.

Each day a typical MGH inpatient is currently cared for by scores of employees and staff representing almost 20 different roles — nurses, physicians, dietitians, aides, therapists and others.

To enhance the continuity, patient-focus and efficiency of inpatient care at the MGH, a team of nurses, physicians, other care providers and support staff is restructuring some aspects of the way care is delivered on inpatient units. The Patient Care Restructuring initiative involves redesigning role responsibilities, changing the RN-to-non-RN skill mix and decentralizing some ancillary functions to create three new roles to provide myriad clinical, clerical and support services. The restructuring brings down to 10 the number of role groups with whom patients routinely will interact.

"Fundamental to this pilot model's design is the need to increase patient satisfaction by personalizing and coordinating the care that is delivered while simultaneously reducing role fragmentation," says Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Care and chief nurse executive, who leads Patient Care Restructuring. "This is accomplished by providing clinical and nonclinical unit-based staff with the skills and training to perform the functions and tasks currently performed by a

(Continued on Page 3)

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Bill Buckley, patient care representative, *foreground,* and Richard Teplick, MD, of Anesthesia.

OI information sessions

MGH leadership is learning how the hospital will develop plans to reduce expenses by a minimum of $128 million — 26 percent of its current $490 million annual controllable expense base — over the next three years while enhancing service and maintaining or improving clinical quality. In a series of ongoing Operations Improvement (OI) information sessions, Jeff Davis, senior vice president for Human Resources and Continuous Improvement, and Jean Elrick, MD, anesthesiologist, describe to department heads, nurse managers and unit chiefs how senior leadership teams created a vision for future care and service delivery and set specific cost, service and clinical quality targets. The meetings also provide an overview of upcoming OI events.

"These sessions are part of a hospitalwide communication effort to inform, engage and align the MGH community with important initiatives under way," says Elrick. "By keeping up to date and communicating with employees and staff, MGH leadership can facilitate the flow of accurate, timely information throughout the hospital."

FROM THE ARCHIVES

What do the father of the country, the "king of rock 'n' roll" and the first chief of MGH Cardiac Service have in common?

In recognition of White's contributions to medicine and world peace, the U.S. Postal Service issued the P.D. White postage stamp in 1986 as part of its "Great American" series.

THE LIKENESSES OF George Washington, Elvis Presley and Paul Dudley White, MD, have all appeared on U.S. postage stamps. Only one, however, cared for a president following a heart attack, was nominated for a Nobel Peace Prize and has been called the father of cardiology.

In the days following President Dwight D. Eisenhower's first heart attack in 1955, White, who was called in to check on the president's condition, was referred to by the media as the "internationally known dean of Boston heart authorities." The president's illness and the attention it commanded provided White a means to educate the American public about heart disease. And educating people about heart disease became the defining characteristic of his career. He advocated for healthy diets and made a habit of requesting margarine instead of butter with his meals. He spoke about the importance of exercise and lived as an example by riding his bicycle along the Charles River, which now has a bicycle path named in his honor. He broke ranks with many of his contemporaries when he encouraged his patients to get back to active, productive lives following their illnesses.

Dwight D. Eisenhower, U.S. President from 1952 to 1960, and White at a 1963 dinner of the International Cardiology Foundation.

He spent a large part of his career traveling the world, spreading his knowledge about heart disease and fostering world collaboration and peace. He once wrote, "The human body is truly international, and the basic rules of health apply everywhere in the world." In 1954, he helped found the International Society of Cardiology and in 1957, the International Cardiology Foundation.

His medical activities spanned the globe, from eastern Macedonia, where he served as chief of a Red Cross unit in 1919; to the Belgian Congo in 1959 as a visiting lecturer; to Moscow in 1966, where he was the only Western participant of the first meeting of the new Soviet Society of Cardiology. He was the chairman of an International Symposium on Cardiac Transplantation in Milan, Italy, in 1969; and he was the senior American physician in an historic group visit to the People's Republic of China in 1971.

In a career marked by achievement, he held virtually every position of significance in the field of cardiology. But his prestige reached a high point with his 1970 nomination for the Nobel Peace Prize. Among those supporting his nomination were the president of Pakistan; a professor and doctor at the University of Warsaw in Poland; five members of the Soviet Academy of Medical Sciences; several Harvard professors; and a number of cardiac societies and foundations. According to the January/February 1986 issue of *MGH News,* "... White did not win the Nobel Peace Prize. If he was disappointed, he didn't show it. ... Just being nominated ... seemed to justify Dr. White's exhaustive efforts for world peace."

When White died in 1973 at the age of 87, friends and colleagues from around the world mourned. But his memory was honored in 1986 when the U.S. Postal Service issued a P.D. White postage stamp as part of its "Great American" series.

— Restructured roles are expected to improve patient care, reduce costs

(Continued from Page 1)

number of centrally based staff."

The restructuring effort, which is expected to reduce unit operating costs by 8 percent annually, began in May 1994. The initiative was recently integrated into the hospitalwide Operations Improvement (OI) program.

"Although the start of the Patient Care Restructuring initiative predates OI," explains Jeanette Ives RN, MS, nursing chief and leader of the Operations Improvement Patient Care Services Design Team, "its patient care improvement and cost savings targets are consistent with the core goals of OI. [illegible] important, the vision is consistent with our core values and tradition of high-quality, cost-effective care."

The new roles — for the time being called clinical, clerical and service multi-talented workers — will be put to the test beginning this fall on Bigelow 10 and Ellison 6. The individuals filling those roles, MGH employees from Bigelow 10, Ellison 6 and such departments as Dietetics, Phlebotomy and Environmental Services, as well as new hires, began training sessions last week. Training will last from two to eight weeks, depending on each employee's level of experience.

"I have had the opportunity to greet many of the employees as they begin their education for these new roles, and I have been impressed with their enthusiasm and openness to learning," [illegible]man says. "These employees are real pioneers, viewing this model as an opportunity to become part of a team collaborating to enhance patient satisfaction. The extensive training programs, in conjunction with system supports and hospitalwide backing, will ensure the success of this monumental effort."

While improving patient care and containing costs are driving forces behind the role restructuring, the satisfaction of employees in the new roles, and those with whom they work — nurses, physicians and other care providers — will be a key measure of the effort's success.

"The MGH physician community is invested in seeing that these changes work to everyone's advantage," says Henry Mankin, MD, chief of Orthopædic Surgery.

Under the restructuring plan staff nurses take on new clinical responsibilities as well as supervision of multi-talented workers.

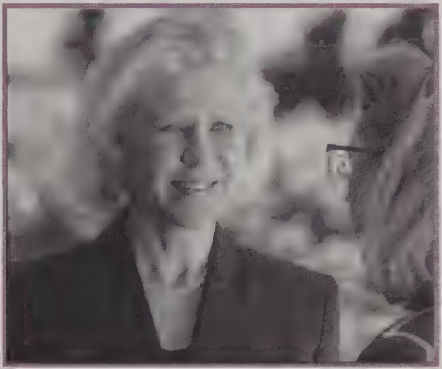
"Integrating new skills and changes into daily nursing practice has truly been a challenge," says Anne Marie Morrison, RN, staff nurse, Bigelow 10. "Having been involved with the pilot program, however, I can see that one of the advantages of the restructuring project is that nurses will be better able to prioritize, organize and individualize patient care with the assistance of the multi-talented workers."

After more than a year of preparation, the upcoming pilot seems like an endpoint to many of the employees and staff who have been involved in the restructuring effort. But while the pilot marks the completion of the project's initial phase, it is the beginning of a stage that is expected to generate some of the most challenging questions.

"We are designing extensive tools to evaluate the restructuring effort, with a focus on measuring patient, physician and staff satisfaction," Weissman says. "If the evaluation warrants, the roles will be revised and refined, but not abandoned."

Weissman emphasizes that the restructuring will help ensure a secure future for the hospital. "For the MGH to survive in a competitive marketplace it must align its system of care delivery with the needs and desires of the patients it serves and the realities of cost-containment pressures," she says.

More about Patient Care Restructuring will appear in future issues of *Hotline*. ●



Gail Kuhn Weissman, RN, EdD

> **"These employees are real pioneers, viewing this model as an opportunity to become part of a team collaborating to enhance patient satisfaction."**

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WHAT'S HAPPENING

Design team retreat kicks off OI planning phase

Leaders of Operations Improvement (OI) design teams will kick off the second phase of OI at an all-day retreat Sept. 8. In the first phase, during the spring and summer, senior leadership teams set measurable targets for cutting costs, enhancing service and maintaining or improving clinical quality at the MGH. Design teams are charged with developing plans by Dec. 31 to meet these targets within the next three years. Design team leaders will recruit staff and employees with substantive knowledge in specific operational and clinical areas. Teams then will redesign the way work is performed throughout the hospital. Plan implementation will begin as soon as possible and is expected to take two to three years.

Blossom Street loading dock to close for renovations

The Blossom Street ramp and loading dock will be closed for four weeks beginning Sept. 16 for renovations. During this period, all deliveries and other activities that normally occur at the Blossom Street dock will be diverted to the new Blake Building dock. MGH deliveries from the Materials Center will have priority.

Because the Blake Building dock has only two bays, arrangements have been made with certain vendors for alternate delivery sites. Some vendors, however, may experience lengthy delays. Special arrangements for off-hours deliveries are recommended and can be made by the vendor by calling Bill Somers at 6-2278. MGHers should keep the changes in mind when making delivery arrangements with vendors.

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Simpler service requisitions

Blue maintenance requisitions have been replaced with a new, easier-to-complete Buildings and Grounds service requisition form. The new, single-page form is available on paper or on diskette as an Excel or Lotus file from Betty Chin at 4-7672. Once an original is obtained, it may simply be printed or copied onto plain white paper, completed, then sent via internal mail or fax to Buildings and Grounds.

Blood donations needed

The MGH Blood Donor Center is open for donations. Employees and staff are encouraged to call 6-8171 to schedule an appointment or stop by Gray 1, Monday to Thursday, 8:30 am to 7:30 pm, and Friday 8:30 am to 4:30 pm. In addition, any employee or staff member who donates blood receives a free voucher for one day of parking.

Treadwell Library resources

MGHers can learn to organize information files easily and efficiently with the Bibliographic Management Software course offered by Treadwell Library. Other course options include: an introduction to the MGH Gopher, which contains MGH information and guides users to resources on the Internet; the Colleague class for those who want to search quickly using a relatively simple command language; OVID class, a user-friendly way to perform for new or infrequent searches; and OVID CINAHL, an easy on-line search method of nursing and allied health literature. In addition, library tours are regularly offered. For scheduling information, please call the library at 6-8600.

IN THE NEWS

On Tuesday Sept. 5, ABC's "Good Morning America"— Channel 5, 7 to 9 am — will air a segment inspired by the care provided to Ken Schwartz, an MGH oncology patient who authored the July 16, *Boston Globe Magazine* feature "A Patient's Story." A camera crew followed Schwartz on a recent visit to the MGH, where he was cared for by Mimi Bartholomay, RN, Hematology/ Oncology, and Thomas Lynch, Jr., MD, of the MGH Thoracic Oncology Center.

ADVANCES

New clues about Huntington's gene

When the gene responsible for Huntington's disease (HD) was identified two years ago in the MGH laboratory of James Gusella, PhD, one effort ended and another one began: to understand the protein created by the gene and figure out what goes wrong when a mutated gene leads to the devastating neurological disorder. Last month a research team led by Marcy MacDonald, PhD, who actually found the HD gene, published a study finding important clues to what the gene does and what the HD mutation does *not* do.

Along with colleagues from the laboratory of Alexandra Joyner, PhD, at Skirball Institute in New York, the MGH researchers made mice in which the HD gene, which encodes a protein called huntingtin, was deleted or "knocked out." They found that embryos without any huntingtin protein were seriously malformed and did not survive to birth, indicating that the protein is required for normal embryonic development. The result rules out the possibility that the HD mutation prevents huntingtin from being made; if it did, those with the mutation would die before birth. It suggests instead that the mutation — an elongation and repetition of a segment of the normal gene's sequence — leads to a damaging new activity, totally unrelated to the normal function of the protein.

Mabel Duyao, PhD, and Angela Ryan of the MGH team shared with Anna Auerbach of Skirball first authorship of the paper, published in the July 21 issue of *Science*.

September 8, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Reorganization eliminates some management positions

SIMPLIFYING PROCESSES, moving services closer to patients, grouping patients according to resource needs, reducing and consolidating job categories and flattening the management structure: These are goals set by the MGH Operations Improvement (OI) effort to help the hospital reduce expenses by at least $128 million over the next three years. Efforts to meet the last goal focus on reducing the layers of mid-level management and supervisory positions, along with giving front-line employees more responsibility for how that work is done.

Toward that goal, 72 management positions will be eliminated at the MGH during September. Most of these positions are now vacant, but 25 current employees will be affected directly by the changes. Some employees may be offered options such as transferring into nonmanagement positions or taking early retirement, but others will be laid off. Individuals affected by this reduction will be notified by their department heads Monday, Sept. 11.

"The changes in health care are causing us to look at how we do everything, including how we manage our operations," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement. "We know we can work in ways that require fewer people, and part of that effort means we will end up with fewer managers.

"As the demand for hospital services has changed industry-wide, over the past two years the MGH has been eliminating jobs in many areas, a few each month," Davis says. "Whenever possible, we try to use attrition to minimize the number of people who actually lose their jobs, and we have a pretty good track record

(Continued on Page 4)

PARTNERS PROGRESS

North Shore Medical Center to become third corporate affiliate

PENDING APPROVAL by state and federal authorities, The North Shore Medical Center (NSMC) will join The Massachusetts General Hospital and Brigham and Women's Hospital (BWH) as a corporate affiliate of Partners HealthCare System, Inc. It was announced at a press conference Sept. 7 that NSMC and Partners have signed a memorandum of understanding leading to the corporate affiliation of the two entities.

Under the anticipated new corporate structure, NSMC, as a Partners member, will share common governance by Partners with The Massachusetts General Hospital and BWH. As the sole corporate member of NSMC, Partners will possess the same reserve powers it currently has as sole corporate member of BWH and The Massachusetts General Hospital. In addition, Partners will coordinate capital planning, resource allocation and the accessing of capital markets on behalf of all Partners members.

The planned affiliation of NSMC and Partners requires the approval of the Federal Trade Commission and Department of Justice, the Antitrust Division of the Massachusetts Attorney General's Office and the Massachusetts Department of Public Health. Officials indicated that they anticipate implementation of the affiliation prior to the end of the year.

"Our institutions have had a relationship for more than 40 years," said Samuel O. Thier, MD, president of Partners and The Massachusetts General Hospital. "This new affiliation of Partners and NSMC will further solidify our clinical partnerships in many areas, including cardiac care, bone marrow transplantation and gynecological and thoracic oncology,

(Continued on Page 2)

— North Shore Medical Center to become third corporate affiliate

(Continued from Page 1)
and allow expansion into additional areas. It will also complement the teaching and research missions that have always been central for us."

H. Richard Nesson, MD, chief executive officer of Partners, said: "Nearly two years ago, we made the historic announcement of the affiliation of the Brigham and Women's Hospital and The Massachusetts General Hospital to form Partners HealthCare System. Today, we are formally beginning the process of welcoming a third 'Partner' to our system, The North Shore Medical Center, a leading provider of community-based health care services."

Michael J. Geaney Jr., president of NSMC, noted that "a limited number of affiliated providers are emerging in the state. Our leadership views the Partners system as the premier system in Massachusetts and one of the finest in the country," he said. "A close affiliation of The North Shore Medical Center and Partners HealthCare System is the best way to ensure that the people of the North Shore continue to receive high-quality health care in the community, with linkages to two of the finest academic teaching hospitals in the world."

The three hospitals that comprise NSMC total 510 beds all located in Salem, about 20 miles north of Boston. NSMC includes Salem Hospital, North Shore Children's Hospital, Shaughnessy-Kaplan Rehabilitation Hospital, Charter Professional Services and the Visiting Nurse Association of Greater Salem. The North Shore Health System (NSHS), the integrated health system formed by NSMC and its medical staff, last year became an early affiliated participant in the Partners Community HealthCare, Inc. (PCHI) network. PCHI is the corporation responsible for developing an integrated delivery system for Partners HealthCare System, Inc. NSHS has committed all of its primary care physicians to participating in development of this regional network.

The North Shore Medical Center

Includes:

- Salem Hospital, a community teaching hospital and regional referral center founded in 1887, now serving more North Shore residents than any other hospital
- North Shore Children's Hospital, one of only four dedicated children's hospitals in the state
- Shaughnessy-Kaplan Rehabilitation Hospital, a 160-bed rehabilitation facility
- Charter Professional Services, a group practice of 80 physicians
- Visiting Nurse Association of Greater Salem, a 160,000-visit-per-year home care agency

Governance:

NSMC is a private, nonprofit organization, governed by community-based corporators who elect t[illegible] Board of Trustees.
Chairman of the Board: Nils Peterson
President: Michael J. Geaney Jr.
President of the medical staff: Neil S. Shore, MD
President, North Shore Health System: John A. Fallon, MD

Key Statistics FY '94:

Inpatient admissions	20,856	Outpatient visits	400,000
Births	2,030	Emergencies	70,000
Total surgeries	9,360	Physicians on staff	503
Outpatient surgeries	6,070	Employees	3,100

Key Services:

- North Shore Cancer Center, the only comprehensive community cancer center in New England
- North Shore Heart Center, the only full-service cardiac catheterization laboratory between Boston and Portsmouth, NH, plus an interaortic cardiac balloon pump program, two dedicated cardiac inpatient units and cardiac rehabilitation
- Only dedicated neurosurgery unit on the North Shore
- Free-standing internal medicine residency program, plus residency rotations in pediatrics obstetrics/gynecology, orthopædics, general surgery and chest surgery
- Maternity center featuring 20 labor-delivery-recovery-postpartum suites and a level II special care nursery

Fiscal Profile:

One of few hospitals in the country that has produced operational revenue surpluses for the past 19 consecutive years.
FY '94 revenues from operations: $161 million
FY '94 surplus from operations: $3.75 million

Putting customer service into action

IN AN AVERAGE WEEK more than 5,000 people ask for help at the White Lobby information desk. The support and services patients, visitors, staff and employees require can include directions, information about a patient — in, say, Greek — or access to a wheelchair. Soon uniformed MGH "ambassadors" will be available to provide these and other customer relations services.

At Your Service, a new program to begin Nov. 1 under the direction of Admitting Services, Police and Security, and Volunteer and Interpreter Services, is designed to make the MGH more accessible and friendly. "By increasing the diversity and number of customer service staff at the MGH and providing them with training and resources," says Julia Sinclair, Admitting Services director, "*At Your Service* will meet the needs and exceed the expectations of patients, visitors, staff and employees." In June, the Strategic Planning Steering Committee proposed *At Your Service* and 13 other immediate, visible improvements in the delivery of care and service at the MGH.

To get *At Your Service* up and running, the MGH currently is filling job openings and soon will begin training for positions such as a coordinator to orchestrate the program's daily operations, information ambassadors to provide directions and arrange for escort and interpreter services, and entrance ambassadors to offer assistance, directions, valet parking, traffic control and security. "We are looking for people who communicate well and are sensitive to patients, their families and visitors," says Sinclair. Those interested in finding out more about openings or applying for positions should call Eileen McNamara (Admitting Services) at 6-5359 or Dave Ryan (Police and Security) at 4-3786.

At Your Service will meet MGH's commitment to patient-focused care by:

- diversifying and increasing customer service staff;
- creating and staffing new information sites in the Gray Building and at the intersection of the White and Ellison/Blake corridors;
- increasing the staff at the White Building and Wang Ambulatory Care Center information desks as well as at the hospital's major entrances;
- expanding and enhancing valet parking and escort services;
- offering hotel information, maps and other such concierge assistance.

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— Reorganization eliminates some management positions

(Continued from Page 1)

in that area. Earlier this year we closed or consolidated several inpatient units without laying anyone off. But the process of making reductions is going to continue for two or three more years, and inevitably that means that some people will lose their positions."

As with other aspects of the hospital's continuing effort to reduce costs, decisions about which areas are affected by this management restructuring were based on careful analysis and comparison with the operations of other hospitals. Davis notes that while positions are being eliminated in some departments, in other areas the MGH is actively recruiting employees to fill key vacancies.

"Changing the way we all work and streamlining operations are critical to becoming cost competitive in the new health care environment," says Richard R. Crater, CEO of the MGH. "As our management structure is simplified, we will ask our employees to assume more responsibility and accountability for how they meet the needs of our patients and their families."

Positions also will be eliminated at BWH over the next few months as part of its plan to cut $30 million from next year's budget. Employees affected by these reductions will come from all levels, with notification beginning on Monday.

To ease the transition for employees laid off next week and in the coming months, Partners HealthCare System has engaged the firm of Lee Hecht Harrison, one of the nation's three largest outplacement companies. Employees who have been laid off will be eligible for outplacement counseling if they have worked 20 hours or more per week and have completed 12 months of employment. Counseling options will include career review and focus, resume development, job search strategies, personal counseling and networking, office space and administrative services.

In addition, employees meeting the above criteria will be eligible for one week of continuance pay for each full year of service, with a maximum of 24 weeks. This policy, which now applies to all Partners member institutions, is similar to the policy that has been in use at the MGH. ●

WHAT'S HAPPENING

Bone marrow drive

The MGH Bone Marrow Transplant Program will host a bone marrow donor drive Sept. 13 from 7:30 am to 3 pm in the Gray Lobby. For information call Cindy Campbell, patient coordinator for the program, at 4-1127.

Proton therapy center groundbreaking

A ceremony to mark the official groundbreaking of the Northeast Proton Therapy Center will be held Sept. 14 at 5:30 pm under the Bulfinch Tent. The center, scheduled to open in 1998, will be a vital clinical resource for cancer patients.

The new facility and issues related to proton therapy will be discussed at a scientific symposium from 2 to 4 pm in the Shriners Auditorium. Speakers include Allan M. Cormack, MSc, professor of Physics at Tufts University and 1979 Nobel Laureate in Medicine; Zvi Fuks, MD, professor and chairman of the Radiation Oncology Department at Memorial Sloan-Kettering Cancer Center; and James Slater, MD, professor and chairman of the Department of Radiation Oncology at Loma Linda University Medical Center.

Nutrition conference

As part of the Department of Dietetics Nutrition Conference Series, Richard Andrassy, MD, of the Department of Surgery at the University of Texas Health Science Center, will present "Early Postoperative Feeding / Nutrition Support of the Adult and Pediatric Patient" Sept. 13 at 11 am in the Bigelow Amphitheater, White 4.

Hard Hat Cafe

The Hard Hat Cafe, a temporary expansion of the WACC Cafeteria will officially open Monday morning, Sept. 11. It is designed to compensate for the General Cafeteria, which will close for one year beginning 3 pm Sept. 10. The cafe, which includes a salad bar, two made-to-order sandwich lines, and three quick-pick dessert, sandwich and beverage lines will be open Mondays through Fridays 6:30 am to 8 pm and Saturdays and Sundays 7 am to 7 pm.

CORRECTION

In a photograph in last week's *Hotline* **Richard DeCesare** of Biomedical Engineering, *right*, was misidentified. *Hotline* apologizes for the error.

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September 15, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Maintaining a healthy environment: the inside story

INDIVIDUALS AND ORGANIZATIONS have worked for years to protect the natural environment, but recently, attention has focused on another vital environment: indoors. Since 1992 the MGH has addressed internal environmental issues through the hospital's Indoor Air Quality Committee. Today, as buildings are better insulated from outside elements, management of the indoor environment poses an increasingly complex challenge.

Last fall the MGH assembled a multidisciplinary group to identify and address short- and long-range, indoor environmental issues. The Air Quality/Latex Allergy Task Force (AQLA) , chaired by Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Services, developed a comprehensive proposal to enhance the handling of such concerns. Senior management approved Phase I of the proposal Aug. 9 and assigned program oversight at the senior management level under the direction of Sam Miller, senior vice president for Operations. Maryanne Spicer, director of Corporate Compliance, is charged with program implementation.

Senior management also released up to $120,000 to implement a variety of high-priority initiatives including:

- developing information, education and risk communication programs to raise the level of community awareness and understanding of environmental issues and their complexities;
- enhancing and developing effective procedures for reporting and responding to issues in their earliest stages or preventing them altogether; and
- providing available funds for developing solutions to specific environmental problems should they arise.

"The hospital's administration is committed to providing a safe, comfortable environment for MGH patients, visitors, employees and staff," says Weissman. "With the support of the senior management, we plan to make the MGH community more aware of indoor environmental issues — how to recognize, address or ideally prevent potential problems at the earliest opportunity."

One priority issue addressed by the task force involved a pattern of complaints on a patient floor; some staff members reported itchy eyes and dry skin, as well as variations in air temperature. On-site inspections, both by staff from various MGH departments and an outside consultant, found that a cleaning agent was being used improperly. The problem was corrected immediately. Air temperature was addressed through a variety of approaches, including centralizing the unit's temperature controls and installing

(Continued on Page 2)

First day at the cafe

Richard R. [illegible], MGH chief executive officer, Sept. 11 congratulated Helen Doherty, director of Dietetics, right and Susan [illegible], manager, Food Production and Revenue Services, on a successful first day for the Hard Hat Cafe. The cafe, a temporary expansion of the WACC Cafeteria, compensates for the closing of the General Cafeteria, which will reopen when renovations are complete in September 1996.

PARTNERS PROGRESS

A place at the table

THE SIGNING of a memorandum of understanding in August set in motion a process enabling North Shore Medical Center (NSMC) to join Partners HealthCare System, Inc., at its highest organizational level. By the end of the year NSMC will become the first institution to join the MGH and BWH as a corporate affiliate of the parent corporation. Fielding questions from the press at the Sept. 7 announcement of the new affiliation are, *from left,* Samuel O. Thier, MD, president of Partners and The Massachusetts General Hospital; Michael J. Geaney, Jr., president of NSMC; H. Richard Nesson, MD, Partners chief executive officer; Nils Peterson, NSMC chairman of the board; and Ellen Zane, Partners network president.

— *Maintaining a healthy environment: the inside story*

(Continued from Page 1)

thermal curtains. Unit staff offered important input in the process.

One issue specific to the health care industry is latex allergy. A number of items used in medical care contain latex, and frequent exposure to the compound can lead to allergic reactions, ranging from skin rashes to breathing difficulties. Weissman says that while it is impossible for health care facilities to entirely eliminate latex products from their environments, they can reduce usage.

The AQLA formed a Products Subcommittee, chaired by Mary Riffe, former director of Materials Management, now leader of Operations Improvement Program Support, to fast-track the selection and distribution of latex-reduced and latex-free gloves for high-risk and high-use areas. The subcommittee created criteria for glove selection, issued a request for proposals, reviewed product bids and samples, and is now concluding glove trials on several units. Based on the findings, the AQLA will forward a recommendation to senior management.

Longer-range efforts to protect MGH's internal environment focus on educating, informing and empowering hospital staff and employees. "Recognition of concerns in their earliest stages can keep many issues from escalating or becoming chronic problems. Direct communications from the MGH community represent the hospital's best early warning system," Weissman says.

Questions or concerns regarding indoor environmental issues should be directed to Ken Weinberg, PhD, director of Safety, at 6-2425. ●

Quit Smoking programs open to all patients

THE MGH Quit Smoking Service has offered group and individual smoking cessation counseling and nicotine replacement programs since 1993. Lack of insurance coverage for smoking cessation, however, has prevented some patients from taking advantage of these programs. Now, through the support of the MGH Community Benefit Program, patients covered by Medicaid or Mass Health and those who receive free care may enroll in Quit Smoking Service progr[illegible] at minimal cost. Participants will pay a $3 copayment per visit and can receive a limited supply of free nicotine patches.

The Quit Smoking Service offers comprehensive individual evaluations, group or individual smoking cessation programs (with and without use of the nicotine patch) and, when appropriate, psychological evaluation, referral and treatment. Groups start each month, and telephone support is available for one year after completing a program. For more information or to schedule an appointment, call 6-7443.

Established earlier this year, the MGH Community Benefit Program works in cooperation and consultation with community members to support projects that improve the health status of medically underserved areas.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Teams to redesign the MGH to face a competitive marketplace

As THE health care landscape continues to change, the MGH is under increasing pressure to provide high-quality care and services at competitive cost. "To compete, the MGH has already had to agree to provide care at prices lower than its current costs," says Anne Dubitzky, vice president of Managed Care Contracting. "These agreements were reached under the assumption that Operations Improvement (OI) will reduce expenses by a minimum of $128 million by the end of FY 98."

With this in mind, leaders of clinical and operational design teams met Sept. 8 at a retreat to launch the second phase of OI. During the spring and summer, goal-setting teams devised specific financial, quality and service targets through comparisons with other community and academic medical centers. The new design teams now will begin formulating plans to achieve these goals over the next two to three years.

Note: The cost reduction goals of clinical design teams overlap with those of operational design teams. Targets for both clinical and operational teams add up to $128 million, and the total amount to be saved is $128 million.

Clinical Design Teams

Cancer Care
Areas: Medical Oncology, Cancer Care Planning
Leader: Bruce Chabner, MD,
chief, Hematology/Oncology
Target: $2.3 million

Cardiac Care
Areas: Cardiology, Cardiac Surgery
Leader: David Torchiana, MD,
Cardiac Surgery
Target: $20.6 million

Children's Care
Area: Neonatology
Leader: Ronald Kleinman, MD,
chief, Pediatric Gastroenterology
and Nutrition Unit
Target: $2.3 million

Gastrointestinal Care
Areas: Gastroenterology, Abdominal Surgery
Leader: Daniel Podolsky, MD,
chief, Gastrointestinal Unit
Target: $13.3 million

Musculoskeletal Care
Areas: Orthopædics, Rheumatology
Leader: Edwin Wyman, MD,
Orthopædic Surgery
Target: $16.9 million

Neurological Care
Areas: Neurology, Neurosurgery
Leaders: Daniel Hoch, MD, PhD,
director, Epilepsy Monitoring Unit;
Ann Young, MD, PhD,
chief, Neurology Service
Target: $11.9 million

Thoracic Care
Areas: Thoracic Surgery, Pulmonary
Leader: Douglas Mathisen, MD,
chief, Thoracic Surgery
Target: $10.9 million

Urological Care
Area: Urology
Leader: W. Scott McDougal, MD,
chief, Urology
Target: $2.9 million

Vascular Care
Area: Vascular Surgery
Leader: William Abbott, MD,
chief, Vascular Surgery
Target: $8.5 million

A second wave of clinical design teams will begin work January 1996.
Areas: To be determined
Target: $38.4 million

Operational Design Teams

Administrative and Corporate Services
Leader: Peter Markell,
interim chief financial officer
Target: $24.4 million

Clinical Support Services — two teams
Areas: Clinical Labs, Blood Transfusion
Service, Anatomic Pathology
Leader: Kent Lewandrowski, MD, assistant
director, Clinical Laboratories

Areas: Radiology, Radiation Therapy,
Pharmacy
Leader: Daniel Rosenthal, MD,
associate radiologist-in-chief,
director, Bone and Joint Radiology

Target: $30.6 million

Emergency Services
Leader: Jean Elrick, MD, Anesthesiology
Target: $2.5 million

General Support Services
Leader: Mary Riffe,
leader, OI Program Support
Target: $19.2 million

Operating Room Related Services
Leaders: Michael Long, MD,
director, Anesthesia Day Care Unit;
John Remensnyder, MD,
director, Operating Rooms
Target: $16.7 million

Patient Care Services
Leader: Jeanette Ives, RN, MS
deputy chief nurse executive
Target: $34.6 million

WHAT'S HAPPENING

Photos for MGH/BWH Physician Referral Directory

The Massachusetts General Physicians Organization, in partnership with the Brigham and Women's Physician Hospital Organization, is creating a joint Physician Referral Directory of all active clinical staff. The directory will feature descriptions of hospital services and profiles of each physician, along with a current photograph. Later this fall the directory will be distributed to outside referring physicians.

Photographs of active clinical staff will be taken during a three-week period beginning Sept. 18 and continuing through Oct. 6, Mondays through Fridays, from 7 am to 5 pm, in the Bulfinch 218 Conference Room. Although walk-ins will be welcome, physicians are strongly encouraged to schedule appointments by calling Laura Cutler at 4-2838, pager 121-1555.

Job board, Bulfinch Temps paycheck location changes

Because of cafeteria renovations, the MGH job posting board has been moved to the first floor of the Clinics Building, near the Harvard University Employee Credit Union. In addition, Bulfinch Temporary Service employees may drop completed time slips in the locked drop box at the same location. Beginning Sept. 21, main campus Bulfinch Temps paychecks must be picked up at 101 Merrimac St., fifth floor, Thursdays, from noon to 6 pm, or Fridays, from 8 am to 4 pm.

New numbers to request medical records

To improve customer service, all new requests for medical records — as well as inquiries about previous requests — now should be directed to the Health Information Management Department by calling 6-2475 or 6-2477.

Clinical AIDS trials

The MGH AIDS Clinical Trials Unit is conducting trials for the treatment of HIV infection and for complications of HIV/AIDS. To refer patients or to find out more about these protocols, please call Teri Flynn or Mary Sullivan at 6-3819.

Hiking, rafting and skiing

The MGH Ski Club is planning hiking, white water rafting and ski trips throughout the fall and winter. Upcoming events include a fall foliage day hike in Franconia Notch, N.H. Sept. 23 and a white water rafting trip to Maine over Columbus Day weekend. To get a schedule of events or find out how to get involved, contact Lyman Garniss at 6-9314.

Walk all over heart disease

The MGH team participating in the Oct. 1 American Heart Walk encourages MGHers to join the group soon, either by walking or by sponsoring a friend. For more information, contact Christine McElroy at 4-3600, Mary McGehee at 4-0904, Dottie Noyes at 4-5010 or Jen Williamson at 4-3078.

Weight management program

Nutrition Services will offer a newly revised "Winning at the Losing Game" weight management program beginning Sept. 26 and continuing for 10 consecutive Mondays, from 5:15 to 7 pm. Space is limited, and the first 15 deposits received will be enrolled. Call 6-2779 for more information or stop by 2 Emerson Place to pick up a registration form.

First woman director of NIH to speak at BWH

Bernadine Healy, MD, the first woman director of the National Institutes of Health (NIH), will address the gender gap in medical research and practice Sept. 27, 11 am in the BWH Bornstein Family Amphitheater. MGHers are welcome to attend. Admission is free but seating is limited, so those interested are strongly encouraged to register by calling 732-5285.

Healy, one of the nation's pioneers in advancing women's health care, will discuss how women can become their own best advocates as competent and well-informed health care consumers. While at NIH, Healy launched the Women's Health Initiative, a 15-year, $625 million effort to study the causes, prevention and cures of diseases that affect women.

Obsessive compulsive disorder presentations

Lee Baer, PhD, of the MGH Obsessive Compulsive Disorder Clinic will present "Behavior Therapy for Obsessive Compulsive Disorder and Relapse Prevention" Sept. 21 at 6:30 pm in conference rooms A and B at Building 149, CNY. His is the first of nine presentations to be held monthly as part of a speakers program hosted by the MGH in conjunction with the Obsessive Compulsive Foundation of Greater Boston.

MGH Hotline
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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

Kenneth Schwartz dies at 40

THE MGH COMMUNITY — in fact health care providers throughout the region — learned important lessons about patient-caregiver relationships from Kenneth Schwartz, who described the compassionate care he received at the MGH in "A Patient's Story" in the *Boston Globe Magazine.* Schwartz, a health care lawyer, died of lung cancer Sept. 10 at the age of 40.

His story received national attention when it was featured on "Good Morning America" Sept. 5. Schwartz had been a vocal advocate for compassionate, patient-focused care since his November 1994 diagnosis.

Before he died he created the Kenneth B. Schwartz Center for the Study of Caregiver-Patient Relationships at the MGH.

September 22, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A "cabbage" path

LAST YEAR MGH cardiac surgeons opened 786 chests and stopped the hearts within from beating. Then they rerouted the flow of blood around clogged vessels during coronary artery bypass graft (CABG) surgery. After the hearts once more began beating on their own, the free-flowing blood nourished oxygen-starved heart muscles.

As the most common cardiac surgery performed at a hospital renowned for its cardiac expertise, the CABG procedure was an obvious choice for review by a MGH team of clinicians and business experts alike. To ensure quality and control costs, the team developed a care pathway. *(See box, Page 3)*

"We know we do the procedure well, even in the most complex of cases," says David Torchiana, MD, cardiac surgeon and leader of the CABG Care Pathway Team, moments after shedding his scrubs and donning a business suit. "But it isn't enough to intuitively believe MGH CABG patients do well. We have to demonstrate and quantify results and still be cost-competitive."

Having spent his entire career at the MGH, Torchiana has garnered both the respect and affection of colleagues, who call him "Torch," and who agreed to join him in a group effort to create a clinical care pathway for CABGs.

The elements of the pathway are varied, from discussing dis-

(Continued on Page 2)

Crater assumes corporate leadership for MGH affiliates

General Hospital to begin search for COO

RICHARD R. CRATER, chief executive officer of the General Hospital, has been named executive vice president of The Massachusetts General Hospital corporation. In this newly created role, he assumes corporate responsibility for and will work closely with the leadership of McLean Hospital, Spaulding Rehabilitation Hospital and the Institute of Health Professions. He will retain the position of CEO of the General Hospital.

Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, announced this organizational change as he begins to increase his time commitment at Partners and focus on systemwide issues. Crater's assumption of the job of executive vice president will help ensure that the affiliates within The Massachusetts General Hospital organization receive the focus and representation necessary to continue their tradition of excellence.

> **"I am confident that he will offer the kind of guidance that will sustain and enhance the strength of these fine institutions."**
>
> — Samuel O. Thier, MD

The Massachusetts General Hospital corporation is the parent organization comprised of the General Hospital, McLean Hospital, Spaulding Rehabilitation Hospital and the Institute of Health Professions. The Massachusetts General Physicians Organization (MGPO) is also a subsidiary of the corporation.

"The complex and distinct issues facing McLean, Spaulding and the IHP

(Continued on Page 3)

Construction crew

While construction began in July, the official ground-breaking ceremony for the Northeast Proton Therapy Center was held Sept. 14. The daylong event included a symposium and a reception for the MGH community and invited guests. Speakers at the reception included, *from left,* Walter C. Bell, vice president of Bechtel Corporation, which is overseeing construction of the facility; Herman D. Suit, MD, DPhil, chief of Radiation Oncology; and Richard R. Crater, MGH CEO.

—A "cabbage" path

(Continued from Page 1)
charge plans before admission to changing extubation protocols. The pathway is designed to track, anticipate and plan resources — from electrocardiograms to wound care — for each patient and make the process more efficient.

Along with staff education, one of the most crucial aspects of implementing the pathway was patient education. To that end, the team created a patient version of the pathway that explaines in lay terms what the standard activities are from the day before surgery to discharge. The patient version of the pathway allows patients and families to have a better sense of what to expect, to understand patient responsibilities and to observe progress.

"When I explain to patients what to anticipate after surgery — how they will feel, what procedures they are likely to undergo and what steps they'll need to take responsibility for in their recovery," says Mimi O'Donnell, RN, pathway coordinator and clinical nurse specialist in Cardiac Surgical Nursing, "they become more active participants in their care."

While the pathway remains flexible and care is based on how individual patients are faring, overall results are promising. Says David Read, MBA, MPH, Clinical Care Management Unit, and member of the pathway-creating team: "A comparison of MGH patients admitted during the first six months of pathway implementation with those who underwent CABGs several years [illegible] has yielded promising results: Average total length of stays and overall costs have dropped by

Clinical care pathways: controlling costs, ensuring quality care

AS HOSPITALWIDE CUSTOMER SERVICE EFFORTS aim to improve overall patient satisfaction, work in clinical areas has been focused on enhancing the most basic of patient experiences — clinical care. Every improvement made in service and care must also factor in financial realities: to continue being in a position to provide high-quality care, the MGH must be able to compete on the basis of price.

Clinical care pathways are just one approach to guide patient care in areas as diverse as orthopædics and burn treatment. A clinical care pathway is an optimal sequencing and timing of interventions by all staff for a particular diagnosis or procedure, designed to anticipate and allocate resources for a complex group of steps to minimize costs and maximize the quality of care.

Indications are that the MGH will be paid less for the clinical services it provides in the future. "Although the MGH cannot control all of the financial stresses it faces, choosing which costs we reduce is very much under the control of our employees and professional staff," says Peter Slavin, MBA, MD, senior vice president and chief medical officer and director of the Clinical Care Management Unit. "One of the most appealing approaches to reducing costs is to eliminate tests and services that do not contribute to the quality of care." In addition, an in-depth evaluation of how care is provided may unearth ways to improve both cost efficiency and quality of care.

Already MGH teams of caregivers have paired with staff from the Clinical Care Management Unit to create care pathways for, among others, total knee replacement surgery, coronary artery bypass grafts *(see "A 'cabbage' path")* and angioplasty. The results have proved promising both in reducing costs and improving care and patient satisfaction.

Additional teams have begun developing pathways in such areas as total hip replacement, hip fractures, several urological prostectomy procedures, carotid endarterectomies, thoracotomies, burns, trauma, acute myocardial infarctions and congestive heart failure. And that list is just the beginning — other projects lie ahead. The clinical design teams that met earlier this month as part of the hospitalwide Operations Improvement effort will incorporate care pathways in plans to achieve cost-cu and quality-improvement goals. ●

MILTON SEELEY, 66, of New Hampshire, talks to patient education coordinator Mimi O'Donnell, RN, on Ellison 8 the day of his discharge, just five days after coronary artery bypass graft surgery. As part of the clinical care pathway that tracks each step of the procedure, O'Donnell calls all patients two to three days after discharge to check on their progress and answer questions.

app[illegible]mately 20 percent.”

Reducing costs is just part of the reason to create clinical pathways. Making sure patients continue to do well after they are discharged is also key. Using MGH data, project leaders are looking at re-admission rates to ensure that patients are not discharged too quickly and encounter problems down the line. Preliminary re-admission information is comforting and reflects what Torchiana and team members already intuitively believed: MGH CABG patients do well long term.

Torchiana now is preparing to build on the achievements of the CABG clinical care pathway as the leader of the Cardiac Care Design Team, launched earlier this month as part of Operations Improvement. The progress of the new clinical and operational des[illegible]eams will be covered in future issues of *Hotline*. ●

— Crater assumes corporate leadership

(Continued from Page 1)

demand significant attention and thoughtful analysis,” Thier says. “Given Dick Crater's decades of experience in health care, his knowledge of the MGH system and his background in planning and fiscal affairs, I am confident that he will offer the kind of guidance that will sustain and enhance the strength of these fine institutions.”

Crater will remain involved in major ongoing MGH initiatives, including guiding the strategic planning effort through completion and managing and leading the Operations Improvement process. To ensure that the day-to-day needs of needs of the General Hospital continue to be addressed fully, the MGH will begin a search for a chief operating officer who will be responsible for managing the operations of the institution. Ferdinand Colloredo-Mansfeld, chairman of the MGH Board of Trustees and co-chairman of the Partners Board of Trustees, will chair the COO search committee. Members of the committee are: W. Gerald Austen, MD, CEO of the MGPO and surgeon-in-chief; Crater; John H. McArthur, co-chairman of the Partners Board of Trustees; Catherine Robbins, Partners vice president for Finance; Thier; and W. Nicholas Thorndike, trustee of the MGH.

“I am thrilled to have an opportunity to take on a major corporate leadership role in an organization that is certainly near and dear to me,” says Crater. “In this era of rapid change in health care, each affiliate faces challenges that are very specific and enormously complicated. Ultimately, the strength of our organization lies in the excellence of its member institutions. I look forward to working closely with each of these institutions to ensure that they continue to provide high-quality services to our patients and students.”

"I look forward to working closely with ... these institutions to ensure that they continue to provide high-quality services to our patients and students."

— Richard R. Crater

Crater, who joined the MGH in 1979 as manager of Budgeting and Cost Accounting, is very familiar with the corporate affiliates; he served as vice president for Finance for all the subsidiaries of The Massachusetts General Hospital from 1989 through 1994. From 1992 to 1994 he held the position of chief operating officer for the MGH implementing an innovative model for managing a wide range of executive information-handling and decision-making processes. He served as MGH chief financial officer from 1986 to 1992, during which he was involved as a principal negotiator with the Massachusetts Hospital Association in many statewide contract and political negotiations related to hospital payment structures. His introduction to the MGH was in 1975, when he served as an administrative fellow at the hospital. ●

WHAT'S HAPPENING

Women's nutrition class

The Department of Dietetics will offer "Nutrition and Women's Health" Oct. 12 from 5:30 to 6:45 pm. The class will provide information through lecture and includes a take-home folder of printed handouts. The cost is $15 per person. Registration deadline is Oct. 5. For more information please call 6-2779.

Partners Finance on the move

OVER THE PAST FEW MONTHS, Partners Finance has made steady progress toward realizing the vision of an integrated financial service for all Partners entities while continuing to actively support their individual needs. A strong leadership team is being assembled as planning continues for office space for the consolidated functions.

Partners Finance was officially "born" July 12 when the MGH and BWH departments began reporting within the new Partners organizational structure. Soon after, internal candidates were invited to apply for positions as part of the new management teams in Financial Management and Financial Operations. By mid-August, a number of directors for the new organization were appointed from within the ranks of BWH and the MGH. *(See list)* The new directors are now planning the next level of integration, which, over time, will incorporate all Partners affiliates. Meanwhile, recruitment of candidates to fill open director positions in budget, cost accounting, finance systems, and corporate accounting/ financial reporting is under way.

While these changes have been taking place, Tony Autori continues to lead Patient Accounting at BWH, and Mark Fracas runs this area at the MGH in an acting capacity. With the consolidation in sight, each also has taken on transitional responsibilities for functions common to both organizations. The goal will be not only to bring the patient accounting function together into one system but also into one location for the highest efficiency.

The consolidated Patient Accounting Department will be located at CNY.

"The location has a number of advantages," says Catherine J. Robbins, Partners vice president for Finance. "Most important, the space can comfortably accommodate all the Patient Accounting staff, the largest group within Partners Finance. Second, it's already furnished and wired, cutting down start-up time and costs. Finally, it is served by shuttle from public transportation."

The move is expected to occur sometime this winter. Before BWH Patient Accounting staff can move from 850 Boylston St. to CNY, however, a new location for current CNY Finance staff not in Patient Accounting must be found. Until that space is available, most staff will continue to work in current locations.

"Just like everyone else, I'm eager to see all the pieces of the transition fall into place," comments Robbins, "but we should all be encouraged by the progress we've made so far. Our next challenges will be to complete the space planning and begin the systems redesign to help our consolidated departments work together." ●

New finance directors

Reporting to James Alwell, corporate director for Financial Mangement are:

Kathleen Farren, Managed Care Finance
Robert Feldmann, Special Projects – Financial Management
Suzanne Stinson, Financial Analysis
Richard Yacubian. Reimbursement

Reporting to Robert Spiller, corporate director for Financial Operations are:

Mark Barry, Special Accounting
Robert Gibson, Disbursements
Joseph Umbro, Special Projects – Financial Operations

Reporting to Catherine J. Robbins, vice president for Finance is:

John Randolph, Internal Audit

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ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425; by
fax to 6-7475; via e-mail to
HOTLINE; or by mail to the
Development and Public
Affairs Office at 101
Merrimac St., fourth floor.

New chief joins Children's Service

R. ALAN B. EZEKOWITZ, MBCHB, DPHIL, officially assumed the reins as chief of the MGH Children's Service last Friday. He succeeds Donald N. Medearis, MD, who will remain at the MGH in a teaching capacity after serving as chief since 1977.

That was the year that Ezekowitz received his MBChB, which is the equivalent of an MD, with distinction and honors from the University of Cape Town. Born in Durban, Natal, Republic of South Africa, Ezekowitz interned in internal medicine and surgery at Groot Schuur Hospital in Cape Town and completed his residency at Addington Hospital in Durban. He then left South Africa for Great Britain, where he worked part time as a pediatrician while earning his doctorate of philosophy at the University of Oxford.

Following a postdoctoral research fellowship at Oxford, Ezekowitz came to Boston where he joined the staff of Children's Hospital in 1984. In 1991, he was named director of the hospital's General Clinical Research Center. He has a strong hematology research interest and is the author or co-author of more than 70 articles and publications. ●

September 29, 1995

MGH **HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Hospital management structure changes

Richard R. Crater, chief executive officer, announced changes to the senior hospital management structure last week. Crater announced an expansion of responsibilities for many vice presidents and the creation of an interim four-person transition team. The news dovetails with the announcement that Crater will take on the corporate leadership for MGH affiliates, and the General Hospital will begin a search for a chief operating officer (*Hotline,* Sept. 22).

Crater has structured senior management around three major functions: program planning support; day-to-day hospital operations and administrative services. The changes in the MGH senior hospital management structure are designed to "streamline the senior management team and are intended to enhance the support of hospital programs and operations as we carry out our responsibilities and undergo change," Crater wrote in a memo to trustees, chiefs of service, unit chiefs, administrators and department heads.

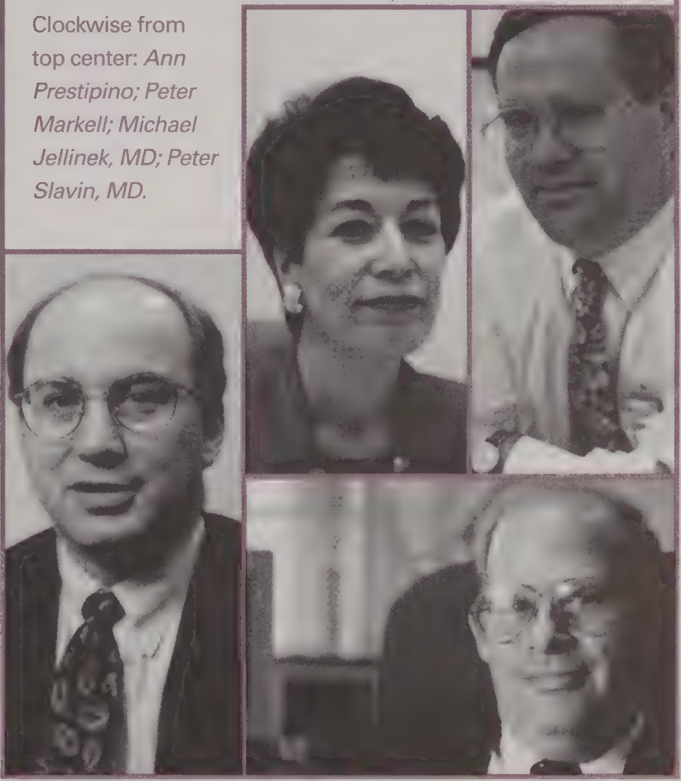
The transition team, which temporarily will assume many of the day-to-day operations of the hospital, is comprised of Michael Jellinek, MD, senior vice president; Peter Markell, acting chief financial officer; Ann Prestipino, vice president; and Peter Slavin, MD, senior vice president and chief medical officer.

Although Crater will continue as CEO of the General Hospital (the MGH) and will remain active in major initiatives, such as strategic planning and Operations Improvement, much of his time will be directed toward work with Spaulding Rehabilitation Hospital, McLean Hospital and the Institute of Health Professions. The transition team will facilitate communication with Crater, attend to the daily operations of the hospital and make sure that the senior management team is working as effectively as possible.

"While I will still be involved with the General Hospital, the transition team will provide support to senior management in its efforts to continue making progress toward fulfilling the hospital management team's goals," says Crater. "The transition team will facilitate problem solving and daily operations and will streamline communication and decision making."

Adds Crater, "It is because of my confidence in the abilities of the senior managers that I felt it was possible to accept responsibility for the other MGH affiliates." ●

The interim transition team



Clockwise from top center: *Ann Prestipino; Peter Markell; Michael Jellinek, MD; Peter Slavin, MD.*

See Page 3 for a summary of senior leadership responsibilities.

New Children's Service chief: A mission of outstanding personalized care

R. Alan B. Ezekowitz, MBChB, DPhil, the new chief of the MGH Children's Service, hurries through a maze of corridors and stairwells that eventually connect his temporary office in the WACC to the pediatric unit on Ellison 17. On the way, he speaks of the sensitivity for the concerns of parents that he has learned through parenting two small boys. His immediate mission is to counsel another father who is upset about the progress of his sick child.

"Our mission in the Children's Service is to provide outstanding personalized care," he notes. "To me, the greatest responsibility one can ever have is for someone to entrust the care of a child to you."

(Continued on Page 4)

MGH launches ad campaign

"MGH. Here for life." This message will be conveyed to the Greater Boston community this Sunday as the MGH kicks off its new yearlong marketing campaign. Designed to promote awareness of the MGH as a premier primary care provider, one that offers access to outstanding primary care physicians and entry into a world-class medical system, the campaign focuses on adult primary care, obstetrics, pediatrics, geriatrics and the MGH health care centers.

"The theme 'MGH. Here for life.' is a crisp articulation of the association we would like to create," explains Cheryl Peralta, director of Marketing for the MGH. "We want to make people feel comfortable coming to this high-tech hospital with all their health care needs, both routine and complex." To accomplish this, the campaign features MGH patients — women, children and seniors — from diverse backgrounds and lifestyles.

The campaign includes advertisements in such publications as *The Boston Globe, Boston Herald, Boston Magazine, Boston Parents' Paper, Senior Advocate* and community and ethnic-based newspapers, as well as the urban and north editions of *Time, Newsweek, US News & World Report* and *Sports Illustrated.* King-sized posters on MBTA buses will spread the MGH's message throughout local communities. In addition, a direct mail campaign will target households in the near north suburbs. Brochures distributed through the Physician Referral Service, physician practices, health centers and within the hospital will provide health information and feature the MGH service capabilities.

The campaign coincides with the beginning of a three-month open enrollment period, during which many employers offer their staff members the option of switching health plans and their primary care physician. The Physician Referral Service's new toll free number, 1-800-711-4MGH, is listed on the ads, and calls will be tracked to help measure the campaign's effectiveness.

Partners gets a new look

Within the next week people throughout the region will begin seeing a new look for Partners HealthCare System, Inc. — at least graphically. A new Partners logo will debut in print primary care advertising campaigns that the MGH, BWH and Partners Community HealthCare, Inc., are launching in the next few weeks. The new logo, designed by BrandEquity International of Newton, is bolder, sharper and more distinct than the previous design. The new signature color is a bright blue. Soon, all Partners logos for letterhead and other uses will change over to the new design.

PARTNERS™
HEALTHCARE SYSTEM

WHAT'S HAPPENING

Memorial for Vanish

A memorial service for Carrie Vanish, an MGH employee, will be held Saturday, Sept. 30, at 1 pm at the Charles Street A.M.E. Church, 551 Warren St., Roxbury. All are welcome. Photographs of all clinical staff physicians for a new MGH/BWH Physician Referral Directory will be taken through Oct. 6, from 7 am to 5 pm, in the Bulfinch Conference Room. Walk-ins are welcome but schedule an appointment, contact Laura Cutler at 4-2838 or by page 121-1555.

Depression screening

As part of National Depression Screening Day, Thursday, Oct. 5, the MGH will offer free, confidential, 15-minute depression screenings to employees and their families at the Employee Assistance Office on Vincent-Burnham 4 from 7:30 to 9 am; 11 am to 1 pm; and 3 to 5 pm; and at CNY, 7th floor conference room, from 11 am to 2 pm. For more information call 6-6976.

Grow your own scientist

Just a little encouragement could get a student excited about science, and you can help. The MGH-Timilty Partnership was developed to enhance the science education of students from the Timilty Middle School, an award-winning Boston public school with a diverse student population. Volunteers from the MGH community can participate through a variety of programs, including a speakers bureau, Science in the Classroom, and this year's Science Fair Mentoring Program, which is just getting started. For information contact Andrea Gwosdow, PhD, MGH-Timilty Partnership Co-Director, at 4-3210.

Women's nutrition

The Department of Dietetics w[illegible] offer "Nutrition and Women's Health" Oct. 12, 5:30 to 6:45 pm. The class will provide information through lecture and includes a take-home folder of printed handouts. The cost is $15 per person. Registration deadline is Oct. 5. For more information call 6-2779.

PARTNERS PROGRESS

LEE WEBB, PHD, has joined the staff of Partners HealthCare System, Inc., as vice president for Real Estate and Facilities. Formerly vice president of the New York State Urban Development Corporation, the nation's largest economic and development public authority, Webb has negotiated scores of land development and office leases, real estate mortgages, loans, venture capital investments, construction and architectural contracts, grants and technical assistance agreements.

Webb, who will report to Samuel O. Thier, MD, Partners president, will develop and implement a strategy for Partners' physical assets. He will assess the system's current inventory and deployment of physical assets and develop and implement a master plan for their use.

Look for more information about Webb in an upcoming issue of *Hotline.*

Summary of senior leadership responsibilities

Program Planning Support

The traditional role of the clinical vice presidents has been to support the business and management needs of the chiefs of service. As the hospital changes the way it delivers care, patients will be treated for all aspects of their illness, across departments and services. The role of the clinical vice presidents has been expanded to reflect this change. These vice presidents will be responsible not only for serving the individual departments and services, but also for creating new programs that combine the resources of multiple disciplines. They also serve to ensure coordination between the Massachusetts General Physicians Organization and the hospital and so report jointly to the chief executive officers of both organizations.

Ann Prestipino: support to the departments of Surgery, Anesthesia, Urology, Orthopædics, Oral and Maxillofacial Surgery, Pediatric Surgery and Emergency Services; support for multidisciplinary cardiovascular and musculoskeletal programs

Kate Walsh: support to Medical Services, Primary Care, Obstetrics and Gynecology; program planning and operations management support to the Cancer Center

Jane Holtz: Neurology, Neurosurgery, Psychiatry, Molecular Biology, Pediatrics; programmatic support for multidisciplinary Neurosciences programs

Brit Nicholson, MD: primary care development; programmatic support to Maternal and Children's and Women's Health Programs

Samuel Miller: operations, information services, support to the departments of Radiology, Pathology and Radiation Oncology

Anne Dubitzky: managed care, contracting and marketing in both the hospital and the MGPO

Ronald Newbower, PhD: support of Research and Technology

Debra Weinstein, MD: graduate medical education, support for teaching and education programs

Hospital Operations

Hospital operations encompass many functions that are carried out 24 hours a day, seven days a week. As the hospital's major initiatives progress — strategic planning, Operations Improvement, patient care restructuring — many of these day-to-day operations will need to change. These vice presidents will ensure that those changes are implemented as smoothly as possible, keeping in mind the long-term objectives of major initiatives.

Patient Care Operations (including physical, occupational and respiratory therapies, orthotics, speech pathology and reading disorders)
Gail Kuhn Weissman, EdD, RN

Service Support Operations
Samuel Miller

Ambulatory Operations (of the hospital)
Michael Jellinek, MD

Research Support Operations
Ronald Newbower, PhD

Financial Operations and Patient Administrative Operations
Peter Markell

Operating Room Operations
John Remensnyder, MD

Clinical Support Operations (including Social Services)
Peter Slavin, MD

Administrative Services

With the hospital changing in many areas — major initiatives, a shift to multidisciplinary care, more interdepartmental projects — the need for planning, coordination and oversight of the hospital administration is greater than ever. These executives will be responsible for:

Administrative Coordination, Ambulatory Operations,
Michael Jellinek, MD

Medical Quality Assurance and Physicians Professional Support Services
Peter Slavin, MD

Financial Management (acting CFO)
Peter Markell

Legal Support
Richard Boskey

Human Resources and Operations Improvement
Jeff Davis

Information Systems and Services
Samuel Miller

CEO's Office and Project Management
Allison Rimm

Development and Public Affairs
Allen Peckham

Health Professional and Support (non-MDs) **and Patient Focus Ombudsman**
Gail Kuhn Weissman, EdD, RN

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MGH HOTLINE

— New Children's Service chief

(Continued from Page 1)

Donald N. Medearis, MD, whom Ezekowitz succeeds as chief of service, says that he is very pleased that Ezekowitz has joined the MGH. "He comes with a well-deserved international reputation in research and is extremely well thought of for his teaching and clinical abilities. With all the developments and changes in health care occurring at this time, I think it is critical that the Children's Service has new leadership now, leadership that can continue for the next decade and beyond."

R. Alan B. Ezekowitz, MBChB, DPhil

"I'm grateful for the support I have received." Ezekowitz notes. "I am especially grateful to Dr. Medearis and the contributions he has made to this service. I am indeed honored to follow in his footsteps."

Born in South Africa, Ezekowitz saw firsthand how the repressive social policy of the South African apartheid regime had a devastating effect on society's most vulnerable and helpless members — children. The experience made a deep impression on him, he says, but as a young medical student he was unable to do much to change things. So instead, he turned to research in hematology — investigating the basic mechanisms of disease itself and attempting to apply that knowledge to the care of children.

"The exciting part of biology," he notes, "is that we've probably learned more in the last five years than we have in the last 2,000. And a lot of the discoveries being made daily actually have the potential to help children."

But research is not Ezekowitz's only concern. "We need to be advocates for children not only in terms of social policy and health policy, but in terms of instilling that advocacy in the training of physicians and pediatricians.

"All pediatricians are primary care physicians regardless of their subspecialty," he notes. "They all must know and monitor such things as a child's immunizations and developmental progress — and I think in that regard the service is well poised to deal with the changing environment that we face."

Ezekowitz says he hopes the service can develop a model of personalized care for children that can be used as an example across the country. "Our priority," he notes, "is to ensure excellence. There are certain strategic issues that we have to be aware of — most importantly to be ready to serve the community, not only our colleagues in the community but their patients." ●

IN GENERAL

The American Cancer Society again has awarded the MGH a $72,000 Institutional Research Grant (IRG). Intended as "seed money" for promising new research by junior investigators, the IRG is designed to allow researchers to obtain the preliminary results that enable them to compete successfully for national grants.

The following MGH staff members received IRG funds: **David Louis, MD,** assistant neuropathologist; **George Q. Daley, MD, PhD,** assistant in Medicine; **YuChiao Chang, PhD,** assistant in Biostatistics; **Tongwen Wang, PhD,** assistant in Biochemistry; and **Bobby Cherayil, MD,** associate immunologist.

Pay practices addressed in letter to employees

IN A LETTER HOSPITAL employees received with their paychecks yesterday, Richard R. Crater, chief executive officer, explained changes in the way the hospital determines, implements and communicates pay increases. The changes go into effect in fiscal year 1996, which begins Oct. 1.

In the letter, Crater explained that as the hospital faces the challenges of balancing declining revenues with more cost-effective care, it can no longer afford to grant general, across-the-board pay increases. Pay adjustments, however, may be made throughout the year for certain positions to ensure that the hospital offers competitive salaries so that it is able to recruit and retain employees.

Crater also outlined plans for establishing programs that will reward excellent employees. Some of these pay-for-performance systems will be piloted in fiscal year 1996.

Like the hospital, the Massachusetts General Physicians Organization (MGPO) will not offer across-the-board increases this year. It will make pay range adjustments when required and will introduce the pay-for-performance concept in some practices. MGPO physicians are eligible for pay increases or decreases based on the performance of their practice and their individual contribution to that performance.

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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

October 6, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Domestic violence: The MGH responds to a troubling issue

EVERY SIX DAYS a woman is killed as a result of domestic violence in Massachusetts. The issue of domestic violence is discussed more openly today than at any time in the nation's history. While the MGH for years has offered services to help both hospital patients and employees who grapple with violence at home or in their relationships, the hospital now has taken steps to create a more formal program. Bonnie Zimmer, LICSW, a domestic violence expert, has joined Social Services to train and educate MGH social workers about the issue.

Zimmer's hiring could not have come at a better time: October is Domestic Violence Awareness Month. On Oct. 11 Zimmer and her colleagues from Social Services will staff an information table outside the Medical Walk-In Unit on WACC 1 from 10 am to 4 pm. Staff will be available to confidentially counsel anyone who requests help during those hours. Information also will be available on joining other MGHers at the Hatch Shell for the annual Jane Doe Walk for Women's Safety, Oct. 15, from 10 am to 2 pm.

"My first order of business has been to gather resources for Domestic Violence Awareness Month," says Zimmer. "Next I'll focus on providing intensive training and education to Social Services staff on responding effectively to those who are in danger and who turn to the hospital for help. Some come to the hospital as a direct result of battering. Others come for specific health care concerns and may feel safe enough to ask for help with the violence in their lives."

Zimmer says she plans to re-energize the hospital's 3-year-old interdepartmental Domestic Violence Task Force. She also will work to strengthen collaborations outside of Social Services, both within the MGH and with other hospital-based domestic violence programs.

According to Joan Quinlan, who in June joined the MGH as director of Community Benefit Programs, "Addressing the effects of domestic violence on our employees and patients is part of the larger hospital effort to respond to the needs of individuals and families throughout our community."

The MGH also is participating in the Conference of Boston Teaching Hospitals (COBTH) Family Violence Task Force, which includes experts on domestic violence. COBTH created this task force to explore how the Boston teaching hospitals can better coordinate and collaborate on individual initiatives.

For more information about the MGH's domestic violence programs, call Zimmer at 4-0054, Acute Psychiatric Service at 6-2994, Emergency Services at 4-4100, Employee Assistance at 6-6976, Police and Security at 6-2121 or 4-3036, or Social Services at 6-2640. ●

Reading, writing and research

AFTER preparing slides in the Department of Anesthesia's Molecular and Cell Biology Laboratory for eight weeks this summer, Shivon Sumner, an 11th-grade student, is now back at school taking courses she will need to prepare for college. Sumner, 17, was one of eight students from area high schools who found out firsthand what it is like to work in a scientific research lab thanks to the MGH Minority High School Student Research Apprentice Program. The program, organized by the Minority Health Professions Office, aims to cultivate minority high school students' interests in biomedical research and health care careers. And it works. Before entering the program Sumner already had an interest in a health care career. Her experience at the MGH strengthened her resolve. "It made me want to go into health care even more," she says. "I never knew there were so many career options."

Patient Care Restructuring in place on two units

A NEW METHOD of delivering patient care at the MGH was instituted on Bigelow 10 and Ellison 6 when the Patient Care Restructuring effort *(see Hotline, Sept. 1, 1995)* began its pilot programs Oct. 2.

To enhance the continuity, patient focus and efficiency of inpatient care, responsibilities were redesigned, and a new balance was struck in the RN-to-nonRN skill mix. In addition, some ancillary functions were decentralized to create three new roles — patient care, operations and unit service associates — to provide myriad clinical, clerical and support services.

"The staffs of Bigelow 10 and Ellison 6 have become champions of change," says Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Care and chief nurse executive. "I've been most impressed with their pioneer spirit as they chart a new course for the delivery of patient care at the MGH."

Part of the hospitalwide Operations Improvement program, Patient Care Restructuring is designed to increase the satisfaction of patients as well as employees and staff. The effort also is expected to shave up to 8 percent from inpatient units' annual operating costs.

"I have no doubt that satisfaction will increase as a result of the restructuring," says Jeanette Ives, RN, MS, deputy chief nurse executive and leader of the Operations Improvement Patient Care Services Design Team. "The numerous groups involved in this project — from those who helped plan it to those who have filled the new positions — have accepted a large challenge from the MGH and have performed very well in meeting it. They have every reason to be very proud of themselves."

Look for more information on Operations Improvement and Patient Care Restructuring in future issues of *Hotline*. ●

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Jeff Davis, senior vice president for Human Resources and Operations Improvement, responds to questions about OI.

Q: How is OI different from any previous cost-reduction effort at the MGH?

A: Previous cost-reduction efforts at the MGH have cut department budgets across-the-board. The current OI program will target budget cuts in strategic ways, with an emphasis on setting service standards that help ensure the delivery of high-quality care. Also, by examining operations at select teaching hospitals nationwide as well as competing local community hospitals, OI will ensure that the best existing practices in service, quality and cost savings are integrated into MGH operations changes.

Q: How can the MGH continue to provide excellent care if staffing is reduced?

A: Decreasing cost and improving quality of care are not necessarily conflicting objectives. Simplifying complex processes, using updated technology and moving services closer to patients are all ways to improve productivity and increase responsiveness to patient needs. If the decrease in inpatient days continues, as is expected, the MGH will experience a decline in staffing needs. Furthermore, in the changing health care landscape more and more care is delivered in ambulatory settings. All of these changes create opportunities to revise staffing to better address patient volume shifts as well as to improve service.

One specific example that both decreases cost and improves quality of care is the clinical care pathway. Care pathways optimize the sequence of care and eliminate unnecessary tests and services for patients with certain diagnoses. This tool also minimizes practice variation, helping to ensure that all patients receive the same high quality of care.

Q: Will jobs change and will there be layoffs?

A: Almost everyone's job will change — OI is focused on redesigning the way the MGH provides care and services. Through attrition and job retraining the MGH will try to minimize layoffs, but layoffs will occur.

PARTNERS PROGRESS

Partners welcomes Vice president for Real Estate and Facilities

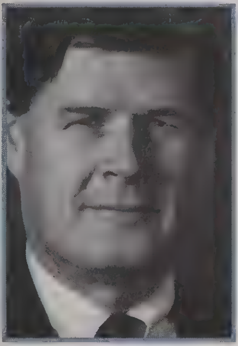
LEE WEBB, PHD, has joined the staff of Partners Health-Care System, Inc., as vice president for Real Estate and Facilities. Formerly vice president of the New York State Urban Development Corporation, the nation's largest economic and development public authority, Webb has negotiated scores of land development and office leases, real estate mortgages, loans, venture capital investments, construction and architectural contracts, grants and technical assistance agreements.

Webb, who will report to Samuel O. Thier, MD, Partners president, will develop and implement a strategy for Partners' physical assets. He will assess the system's current inventory and deployment of physical assets and will develop and implement a master plan for their use.

"Partners has done something few other organizations have done, namely recognize real estate and facilities as strategic assets and make certain they inform, respond to and are directed by the strategic plan," says Webb. "I see this as an exciting and challenging opportunity."

Webb will serve as the principal resource, negotiator and spokesperson for Partners on real estate and strategic facilities matters. He will oversee development of a systemwide long-term facilities master plan that will incorporate planning efforts at Partners entities.

"Given the dynamics of academic health care today," says Thier, "there is a need to build flexibility into decision-making on physical assets, offer pragmatic counsel on problems facing the system in the short term and craft effective strategies that will serve the system over the long term. Lee Webb will be able to fulfill that role masterfully."


Lee Webb, PhD

After leaving New York state government in February, Webb served as executive director of the Dance Theater of Harlem, where he helped improve the group's financial position. He was also the founding president of the Center for Policy Alternatives in Washington.

Webb earned his bachelor's degree from Boston University, his master's degree in economics from Goddard College and a PhD in public policy administration from Union Graduate School. In addition he participated in the Senior Executive Program in State and Local Government and the Strategic Public Sector Negotiations at the John F. Kennedy School of Government at Harvard University. ●

National, MGH reports focus on early radiation studies

ON OCT. 3, President Clinton accepted a comprehensive report from the Advisory Committee on Human Radiation Experiments documenting radiation research on people during the post-World War II era. As this national report was being presented in Washington, a group at the MGH was putting the finishing touches on a complementary report reviewing radiation studies conducted at the MGH between 1943 and 1973.

The MGH Select Committee on Research Risks and the Individual, led by Greg Koski, MD, PhD, chairman of the hospital's Subcommittee on Human Studies, undertook an extensive internal review to determine whether the MGH radiation studies were conducted in a manner consistent with the standards of the time. The 14-member committee, convened more than a year ago, also was charged with using this historical context to ensure that the very best processes and practices are in place today to protect the rights of patients who participate in research.

Commissioned by the MGH's Executive Committee on Research (ECOR), the Select Committee was comprised of MGH staff as well as five external representatives from ethics, radiation oncology, law and medicine. The committee's report is expected to be presented to ECOR members and to senior hospital leaders in the next few weeks.

"While standards have evolved over time, it is important for us to understand this evolution and continue to find ways to enhance our practices and raise the bar," Koski says. "The MGH has been a leader for decades in establishing and promoting high standards for clinical studies. Our report reflects a commitment to preserving that leadership."

Koski says that the MGH committee supported the efforts of the national Advisory Committee on Human Radiation Experiments. The hospital provided information to and cooperated fully with the group, including hosting panel members for an MGH site visit.

"The report from the White House Advisory Committee along with the report from the MGH will add to the dialogue about the role that clinical studies play in advancing medicine," says Ronald S. Newbower, PhD, senior vice president for Research and Technology. "Ultimately our goal is to improve, whenever and wherever possible, the standards and procedures we have in place to protect and respect the rights and well-being of patients as we seek preventions, treatments and cures for disease through clinical research."

Details of the Select Committee's report will be included in a future issue of *Hotline.* ●

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MGHHOTLINE

WHAT'S HAPPENING

Photo deadline extended for physician directory
Photos for the MGH/BWH Physician Referral Directory, which will include all active clinical staff, can be taken weekdays through Oct. 25, 7 am to 5 pm, Bulfinch 218 Conference Room. Walk-ins are welcome, but to schedule appointments contact Laura Cutler at 4-2838 or by page at 121-1555.

Carnegie president to speak
Maxine Singer, PhD, president of the Carnegie Institution of Washington, will present the annual Carl F. Cori Lecture, entitled "In the Wake of the Frontier." The lecture is sponsored by the MGH and Harvard Medical School Oct. 11 at 4 pm in the Shriner's Burns Institute Auditorium. All are welcome.

AIDS panel discussion
Martin Hirsch, MD, Infectious Disease Unit, will moderate a panel sponsored by the Harvard AIDS Institute on "Advances in HIV Therapy" Oct. 11 from noon to 1:30 pm at Snyder Auditorium, Harvard School of Public Health, 677 Huntington Ave., Boston.

Salute to MGH operators
Governor Weld has proclaimed Oct. 9 to 15 "Hospital Telephone Operators Week." MGH operators, in addition to ensuring that emergency and code call teams are summoned immediately, direct 5,000 general calls, respond to 1,000 patient location inquiries, and transmit 3,500 pages daily. They are a "front door" to the MGH, serving as a crucial link between patients, their physicians, patients' family members, hospital personnel and visitors.

Vegetarian nutrition
The Department of Dietetics will offer "Vegetarian Nutrition" Oct. 19 from 5:30 to 6:45 pm. The cost is $15. The deadline for registration is Oct. 12. For more information call 6-2779.

Ether Day to celebrate MGHers' career "milestones"

MORE THAN 1,400 MGHers will celebrate a 5th, 10th, 15th, 20th, 25th, 30th, 40th, 50th or 60th anniversary as employees of the hospital on Ether Day, Oct. 13. The celebration will carry the theme of milestones "because MGH employees and staff have always charted the path of excellence in patient care, research and education that the MGH has followed for 184 years," says Kathy Rice, assistant director of Human Resources.

While the annual Ether Day reception will be held on Blake 8 from 2 to 4 pm Oct. 13, employees are scheduled to receive their pins from managers or supervisors earlier that day. The reception will feature food, music and remarks by members of administration.

In addition, more than 450 employees and staff who have been with the MGH for 20 years or more will receive invitations to the annual Ether Day Dinner, Oct. 19 at the Sheraton Boston.

Look for more details about Ether Day festivities in the upcoming issue of *Hotline.* ●

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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425; by
fax to 6-7475; via e-mail to
HOTLINE; or by mail to
the Development and
Public Affairs Office at
101 Merrimac St.,
fourth floor.

PARTNERS PROGRESS

Sessions to focus on Materials Management
Employees are invited to a presentation on the newly formed strategic alliance between Partners HealthCare System Materials Management and Owens & Minor, Inc. The alliance will save Partners millions of dollars in medical and surgical supplies. John Gaida, corporate director of Partners Materials Management, will explain the new Partners Materials Management organization; and Paul Julian, group vice president from Owens & Minor, will discuss his organization and offer an overview of the alliance. Colleen Kigin, coordinator for Cost Reduction at Partners, will explain how the new Materials Management processes will enhance other cost reduction efforts at Partners, the MGH and BWH. Presentations are Oct. 11 from 7 to 8 am, MGH Ether Dome, and Oct. 12 from 7 to 8 am, at BWH Carrie Hall Conference Center, Main Pike.

Partners joins University HealthSystem Consortium
Partners recently joined the Illinois-based University HealthSystem Consortium (UHC), an alliance of 70 academic health centers. UHC's goal is to help its members and their network partners respond to changes in health care and work collaboratively to identify ways to increase revenue, reduce expenses and improve quality. By encouraging the sharing of ideas about best practices, resource utilization and clinical and operating improvement methods, UHC serves as a resource to help its members fulfill their patient care, education and research missions.

Larger lock-up

A bigger and better bike cage, located next to Ruth Sleeper Hall on the corner of Parkman and North Anderson streets, reopened Sept. 4 after two weeks of renovation. The locked, chain-link cage can now accommodate 150 bicycles under its spacious green canopy. MGHers who commute by bicycle can register to use the cage at the Parking and Commuter Services office in the Fruit Street Garage, Monday through Friday, 7:30 am to 5:30 pm. A $3 registration fee obtains keys for round-the-clock access to the cage. In addition, registered users can sign up to use lockers and showers in the basement of Ruth Sleeper Hall.

October 13, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

50th Ether Day celebration

TODAY MARKS the 50th anniversary of the MGH's celebration of Ether Day. This morning, across the main campus and at satellite locations — in labs, offices and patient care areas that hardly resemble the hospital of fifty years ago — employees and staff are receiving pins commemorating their years of service to the MGH. This afternoon, all employees and staff are invited to the annual Ether Day reception on Blake 8, from 2 to 4 pm. Celebrations will continue next week with a special dinner honoring those who have served the MGH for 20 years or more.

For many employees and staff, getting "pinned" on Ether Day is a pleasant recognition of their service to the MGH. But few know the history behind the tradition.

In 1945 the hospital inaugurated the Ether Day celebration as a way of showing appreciation for MGH employees and staff, especially those who had served their country and were returning from World War II. That year, approximately 150 employees were awarded gold-plated pins, accented with blue enamel, that carried an engraving of the hospital's seal and one star for every 10 years of service. Employees Eric Frankson and Robert Henderson were recognized for 50 years of service with special commemorative solid gold pins.

Today's 1995 celebration recognizes more than 1,400 employees and staff members, including one 60-year and one 50-year pin recipient. And the pins they receive continue to be symbols that honor the tradition of service to the MGH. ●

PARTNERS PROGRESS

Network keeps growing

TWO MEDICAL practice groups — Hawthorn Medical Associates and Melrose-Wakefield/Metro North HealthCare Alliance — recently joined Partners network arm, Partners Community HealthCare Inc. (PCHI).

Hawthorn Medical Associates, with offices in New Bedford and North Dartmouth, was founded in 1970. Hawthorn is the largest group medical practice in its area, counting 22 of the Greater New Bedford area's leading physicians in its ranks.

Melrose-Wakefield/Metro North HealthCare Alliance, the physician-hospital organization operated jointly by Melrose-Wakefield Hospital and some 130 physicians on the hospital medical staff, is PCHI's new member in Melrose. The group's physicians collectively care for upwards of 80,000 patients from more than a dozen north suburban communities.

These new relationships with PCHI mean that a patient who usually receives

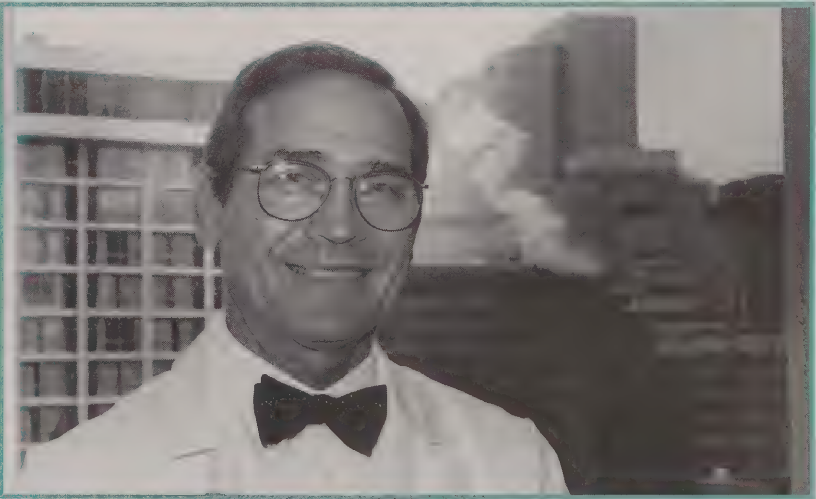
(Continued on Page 4)

MGH Beacon Hill: staking out the new frontier in health care

FOR MORE THAN 180 years, significant advances in medicine have been made at the MGH, just a stone's throw from Boston's historic Beacon Hill. This tradition of leadership in health care delivery continues with the recent opening of MGH Beacon Hill Primary Care at Charles River Plaza.

"Primary care represents the new frontier in health care," says Richard N. Winickoff, MD, medical director of MGH Beacon Hill Primary Care. "Our practice is in an advantageous position to set the standards of excellence in clinical care and service while training the next generation of providers."

(Continued on Page 3)



Richard N. Winickoff, MD, medical director of MGH Beacon Hill Primary Care

FROM THE ARCHIVES

Massachusetts General
Hospital
Jan. 19th, 1894

Dr. S. Eliot
Chairman of the
Board of Trustees

Dear Sir:
The domestics dining room has long been too small for those who eat there. The tables seat 55 people; 94 employees are fed at these tables. The men and women eat together, which I think is not desirable.

I think another dining room can be arranged in the cellar of the main building beneath the large stone piazza at a very little cost that will give accommodations for all the women, leaving the present room for the men only. The space referred to is sufficiently warmed and requires lighting and a floor over the present stones. The expense roughly estimated will be about $60 for the carpenters' work and about $15 for the extension of the gas supply. I think it very desirable to improve upon the present crowded conditions of the quarters now occupied.

Yours respectfully,
John W. Pratt
Resident Physician

New cafeteria will be worth the wait

in on the GROUND FLOOR

SHORTLY AFTER labor day 1996, the Hard Hat Cafe will go back to being the WACC Lobby, and the general cafeteria will reopen its doors. Cafeteria diners will find a sleek, modern and flexible facility, offering a daily smorgasbord of delectable items designed to satisfy the hunger of even the pickiest eater.

While the general cafeteria was always open to the public, access from the first floor was hardly obvious, and the workaday environment of the basement passageways probably sent many would-be diners scampering back to the light and safety of the first floor. With the new facility, however, diners will enter from an open staircase that will descend without a change of decor from the main corridor near the current entrance to the White 1 administration offices.

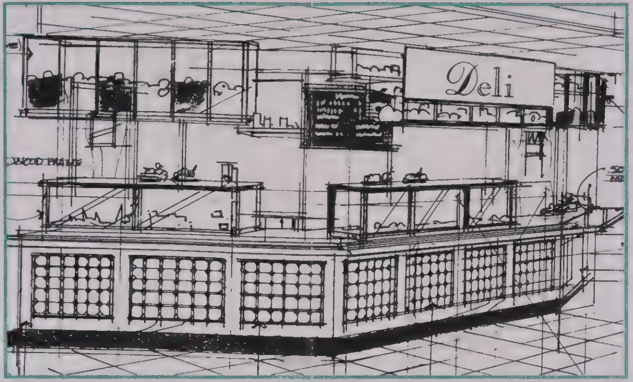
Upon entering the cafeteria, diners will move easily through a series of food stations, each with its own distinct personality. There will be a deli bar — "as much like a New York deli as we can make it," reports Helen Doherty, director of Dietetics. "Exhibition cooking" will be a special feature: Cafeteria cooks will be in plain view, carving juicy slices of roast beef or turkey at the "carvery" and taking orders on a charcoal grill for barbecued fish, chicken and hamburgers. There also will be a stir fry station and a flat top grill for everything from egg and pancake breakfasts to grilled sandwiches for lunch and dinner.

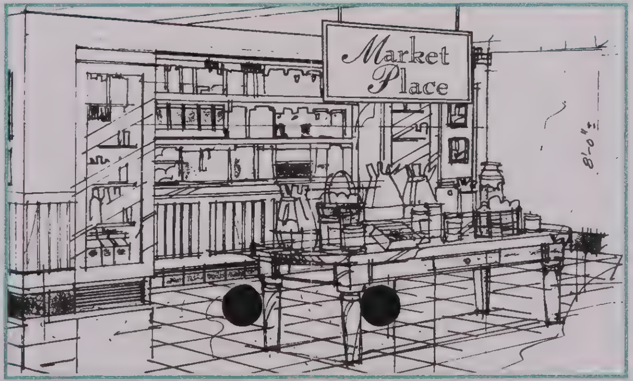
One station modeled on an old farmhouse will offer a mouth-watering range of desserts, while a marketplace-style corner will feature food ready to take out and take home, including beverages, specialty cakes, cookies and packaged foods.

And, of course, there will be a salad bar and a pizza and pasta station offering slices, "personal pizzas" or calzones.

After passing through the cashier's station, diners will have their choice of open seating or more private booths set off by dividers of translucent glass. Four dining rooms on the east side of the cafeteria will be used for extra seating or can be booked for private meetings. Ice cream, cappuccino and biscotti can be purchased at a stand that does not require diners to return to the cashier's line.

And one more thing: A fax machine will enable busy employees to fax in their orders and have them delivered anywhere on the main campus. How sweet it is. ●





— MGH Beacon Hill

(Continued from Page 1)

This newest member of the MGH family reflects the importance of the doctor-patient partnership within the evolving health care delivery system. As managed care and capitation begin to take hold in the Northeast, the primary care physician increasingly manages all aspects of each patient's care — from preventive through specialty services. Equally significant, these providers present the options and information that enable patients to take an active role in medical decision-making.

"The patient is the center of our universe," says Winickoff. "Our goals are to keep patients healthy, provide excellent care when they are not, and ensure access to the best specialized services when necessary."

Every aspect of MGH Beacon Hill Primary Care — from the physical surroundings through availability of services — was designed from the patient's perspective, emphasizing comfort and convenience. An inviting reception area sets the tone upon arrival. After checking in, patients are escorted to modern exam rooms in less than 10 minutes. The practice's seven physicians understand the importance of spending time with patients to learn more about their individual concerns and lifestyles and address any health care questions.

Routine tests, such as blood workups or electrocardiograms, can be initiated in an on-site lab. And a multimedia Patient Resource Center provides easy access to useful information about specific medical issues and concerns.

Joining Winickoff at MGH Beacon Hill Primary Care are Cecil Coggins, MD; Garner Haupert, MD; Katrina Kelly, MD; Norman Lichtenstein, MD; Allison Saffron, MD; and Gerry Zervos, MD. The practice also shares office space with the MGH's Geriatrics and Renal units, under the respective direction of chiefs Ken Minaker, MD, and Dennis Ausiello, MD.

Those interested in meeting the MGH Beacon Hill Primary Care physicians or touring the new offices can attend an open house, Oct. 23, from 4 to 6 pm, or call 6-4900. ●

ADVANCES

MGH team discovers Batten disease gene

A TEAM FROM the MGH Molecular Neurogenetics Unit has discovered the gene for Batten disease, probably the most prevalent fatal neurodegenerative disease of children. The team, led by Terry Jane Lerner, PhD, announced its discovery in the Sept. 22 issue of *Cell*. The finding should improve diagnosis and enable genetic screening and counseling for families affected by the disease.

Batten disease is one of a group of inherited, progressive neurological illnesses called neuronal ceroid lipofuscinoses (NCLs). Symptoms first appear in children aged 5 to 10 and usually begin with visual problems and seizures. As affected children grow older, they show other symptoms of neurological impairment — learning disorders, behavioral changes and physical clumsiness. Eventually patients become blind, bedridden and demented, and most of them die in their late teens or 20s. Batten disease is an autosomal recessive disorder; a child must inherit a copy of the defective gene from both parents to develop the disease.

Contributing to the discovery at the MGH laboratory was an international consortium of researchers from the Netherlands, England, Australia and the Los Alamos National Laboratory in New Mexico. Along with Lerner, the principal investigator, the MGH team included Jonathan Haines, PhD, and Alan Buckler, PhD. This discovery is just the latest in an impressive roster of disease-related genes discovered by the MGH Molecular Neurogenetics Unit, directed by James Gusella, PhD. ●

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WHAT'S HAPPENING

One person making a difference

Last year Jill Nelson, RN, a staff nurse on Ellison 14, together with other Boston-area nurses, organized the first annual "Leukemia Walk for a Cure" in memory of Amy Flynn-Ramirez, her friend and later her patient, who died of leukemia in June 1994. The event was such a success — 1,000 people walked and raised $56,000 — that the group decided to organize the event annually. This year, the four-mile, family-oriented walk along the Charles River will be held Oct. 29 in memory of Bill Blackwell, a patient of Nelson's and supporter of the MGH. Registration will begin at 9 am at the Hatch Shell with the official kickoff at 10 am. For more information on joining or supporting other MGHers, contact Nelson at 4-5410 or Cathleen Poliquin, RN, MS, at 6-6135.

Jill Nelson, RN

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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

Photo deadline extended for physician directory

Photos for the MGH/BWH Physician Referral Directory, which will include all active clinical staff, can be taken weekdays through Oct. 25, 7 am to 5 pm, Bulfinch 218 Conference Room. Walk-ins are welcome. Those who would prefer to schedule appointments can contact Laura Cutler at 4-2838 or by page at 121-1555.

Prepare for flu season

The Employee Health Service (EHS) starts the annual Flu Vaccination Program Oct. 16. Even during minor flu seasons, employees can become infected and transmit the virus to coworkers and patients. Flu shots are available at the EHS (Clinics 382) weekdays on a walk-in basis as follows: from Oct. 16 to 20, 7:30 am to 4:30 pm; from Oct. 23 to Nov. 20, 7:30 to 9 am, 11:30 am to 1 pm, and 3 to 4:15 pm. For more information, call the EHS at 6-2217.

Archive photos available at gift store

Thanks to a cooperative effort between the MGH Photo Lab and the MGH Gift Store and Flower Shop, a selection of the most requested photographs from the MGH archives — both color and black and white — is now available for sale.

Walk for safety

Employees from the MGH, BWH and other Partners affiliates will participate in the Jane Doe Walk for Women's Safety, Oct. 15. Walkers can meet at 11:30 am at the statue of Arthur Fiedler on the Esplanade. For more information on supporting those who walk, please call Bonnie Zimmer at 4-0054.

Warren lecture

All employees and staff are invited to the 36th award ceremony and lecture presentation of the 1995 Warren Triennial, Oct. 18, from 3 to 5 pm, in the Shriner's Burns Auditorium. The Warren Triennial prize is one of the MGH's most prestigious science awards. The 1995 recipients are: Leland Hartwell, PhD, American Cancer Society Professor, Department of Genetics, University of Washington, Seattle, whose lecture is entitled "Cell Cycle Checkpoints in Yeast and Cancer," and Stuart Schreiber, PhD, investigator, Howard Hughes Medical Institute, professor of Chemistry and Molecular and Cellular Biology, Harvard University, whose lecture is entitled "Chemical Approach to Understanding and Controlling Signal Transduction."

— Network

(Continued from Page 1)

care from a doctor affiliated with Melrose-Wakefield or Hawthorn will continue to receive routine health care and hospitalizations near home, but in a system newly enhanced by the direct relationship with the MGH and BWH through PCHI.

Oi Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Jeff Davis, senior vice president for Human Resources and Operations Improvement, responds to a question about OI.

Q: Operations Improvement is supposed to cut $128 million from the MGH budget by the end of FY 1998. Where did this overall financial target come from? How was this figure allocated to the clinical and operational design teams?

A: The MGH compared its operating expenses with those at select academic medical centers and local community hospitals. Based on these comparisons, MGH senior management determined that a minimum of $128 million savings is necessary for the MGH to become cost-competitive.

To meet this goal, OI will not require departments to cut budgets across the board. Instead, the OI approach has been to compare the MGH's cost in specific areas to costs at other hospitals. Through these comparisons, OI teams have set savings goals for each MGH clinical and operational area. The new OI design teams are responsible for meeting specific cost reduction targets — $128 million, in total — as well as service and quality goals. ●

ETHER DAY

1995

For Sixty Years

Mandel Cohen, Neurology

For Fifty Years

John Crawford, Pediatrics

For Forty Years

Joseph Albert, Dermatology
Adelbert Ames, III, Neurosurgery
W. Gerald Austen, Surgery
Herbert Cline, Psychiatry
Roman DeSanctis, Medicine
Benjamin Gill, Psychiatry
Charles Keevil, Jr., Medicine
Ronald Malt, Surgery
Walter Mann, Psychiatry
Mitchell Rabkin, Medicine
Allan Sandler, Medicine
John Sisson, Medicine
Lionelle Wells, Psychiatry

For Thirty Years

Anna Allard, Nursing
Evelyn Anderson, Nursing
Herbert Beard, Revere Health Center
Marilyn Boynton, Medicine
John Bradshaw, Radiology
Romaine Bruns, Dermatology
Birgitte Bugge, Anesthesia
Anthony Cataldo, Information Resources
John Cohen, Pediatrics
Mary Daily, Social Service
David Daley, Emergency Services
Barbara Davis, Utilization Management
Ruth Dempsey, Nursing
Stephen Dretler, Urology
Arthur Foubert, Cardiology
Dana Frederick, Medicine
Leonard Givens, Information Resources
Carol Glover, Radiology
Allan Goldblatt, Pediatrics
Reginald Greene, Radiology
Joan Ingram, OR Administration
Ruby Jackson, Pharmacy
Leslie Johnson, Endocrine
Carol Johnston, Office of Legal Counsel
James Jones, Environmental Services
Charles Mixter, III, Surgery
Josephine Mullins, OR Administration
Kathleen O'Shea, Dermatology
Susan Pauley, Blood Transfusion Service
Harriet Provine, Infectious Disease
Mary Quinlan, Nursing
Mary Sanborn, General Store
Beatrice Sauls, Dietetics
Vivian Shih, Pediatrics
Samuel Silverman, Psychiatry
Thomas Smith, Medicine
Lucy Squire, Radiology
Dolores Trufant, Surgical Associates
Milton Weiner, Radiology
Charles Weingarten, Medicine
James Wepsic, Neurosurgery
Henry Winn, Surgery

For Twenty-Five Years

Donna Aitchison, Finance
Cary Akins, Surgery
Leonie Allen, Nursing
Nathaniel Alpert, Radiology
Alex Althausen, Urology
Alia Antoon, Pediatrics
Lloyd Axelrod, Medicine
Ann Baker, Medicine
Susan Barraclough, Dietetics
Susan Barrett, Nursing
Bruce Barros, Radiation Medicine
William Baxter, Nursing
Stephen Bell, Buildings & Grounds
Diane Biase, Urology
Jessie Bolden, Nursing
Violet Boyd, Dietetics
Leon Bradley, Information Resources
Nadine Brooks, OR Administration
James Burke, Pedi Microchem
Shirley Campbell, Environmental Services
Marian Carey, Orthopaedics
Jeanne Casey, Hematology
Elaine Cerabone, Nursing
Robert Cerabone, Pedi Microchem
David Chesler, Radiology
Richard Chevrette, Police & Security
Keith Chiappa, Neurology
Achille Ciriello, Buildings & Grounds
Saul Cohen, Pediatrics
Stanley Cohen, Materials Management
Carrie Coplin, Dietetics
Karen Cornacchia, Hematology
Susan Crossman, Surgical Associates
Susan Cundari, Radiology
Marcia Cunha, Bunker Hill Health Center
Janet Curran, Cardiology
Elizabeth Davis, Gynecology
Jan Devereaux-Reed, Dermatology
Gwendolin Devonish, Environmental Services
Ela Dhanak, Chemistry
Barbara Doherty, Nursing
Patricia Donahoe, Pediatric Surgery
Marcia Driscoll, Nursing
Eterline Duberry, Hematology
Richard Elliott, Finance
Pamela Enge, Nursing
Dorothy Flynn, Nursing
Seward Francis, Buildings & Grounds
Rose Fratarcangeli, Children's Service
Marion Freehan, Surgical Associates
Debra Gadson, Finance
Elizabeth Gentle, Nursing
Patrick Geraghty, Environmental Services
Jeffrey Gilbert, Psychiatry
Gloria Gilson, Nursing
Grace Good, Nursing
Kathleen Gottbrecht, Nursing
Timothy Guiney, Medicine
Janice Hannah, Psychiatry
David Haynesworth, Dietetics
Olga Headley, Nursing
Edward Heittman, Radiology
Dorothy Hicks, OR Administration
Richard Hill, Nursing
Millanese Hope, Nursing
Barbara Hoyler, Radiology
Ronald Hurston, Psychiatry
Subramanyan Jayasankar, Orthopaedics
Marie Jean-Jacques, Dietetics
Nancy Kessner, Human Resources
Samuel Kim, Surgery
Katharina Kirsch, Cancer Center
Jadwiga Knight, Finance
Carlene Krey, Nursing
Henry Kronenberg, Medicine
Hazel Laing, Environmental Services
Allen Lapey, Pediatrics
Annette Levitt, Nursing
Evelyn Lewis, Hematology
Beverly Linick, Radiology
Michael Long, Anesthesia
Patricia Marsters, Nursing
Dorothy McDonough, Chelsea Health Center
Ambrose McLaren, Materials Management
Udel McLeod, Nursing
Richard Medeiros, Bacteriology
Stephen Miller, Radiology
Arnold Millington, Health Information Management
Cynthia Mitchell, Nursing
Richard Mucci, Nursing
Margaret Munson, Blood Transfusion Service
Shirley Nelson, Cardiology
Ethlyn Nembhard, Nursing
Gloria Niles, Inpatient Phlebotomy
Robert Novelline, Radiology
Audrey O'Hara, Inpatient Phlebotomy
Justin O'Rourke, Nursing
David Osler, Pediatrics
Margaret Pashby, Bacteriology
Amelia Perelli, Hematology
Frank Picardo, Materials Management
Veronica Pierre, Nursing
Deborah Piggott, Surgical Associates
Clare Pinto, Pathology
Janice Plunkett, Nursing
Shirley Powell, Admitting
Frank Raneri, Buildings & Grounds
William Rawdon, Psychiatry
Gloria Reid, Radiology
John Renner, Psychiatry
Lilian Roberts, Pulmonary
Kathleen Rund, Nursing
Irene Rutchick, Social Service
Bonita Ryan, Cancer Center
Ilene Sachs, Orthopaedics
Edward Saef, Pediatrics
Kenneth Scheublin, Social Service
Joseph Schwartz, Psychiatry
Francis Sears, Police & Security
Gino Segre, Medicine
John Shershow, Psychiatry
Maryjane Silloway, Radiology
David Simmons, Orthopaedics
Harvey Simon, Medicine
Eula Smith, Environmental Services
Nolan Smith, Environmental Services
Ellen Sosa, Nursing
Marlene Spence-Myrthil, Pathology
Willie Stallworth, OR Administration
Anne Steffen, OR Administration
Kerry Stevenson, Police & Security
Herman Suit, Radiation Oncology
Robert Thurer, Surgery
Crescenci Vanes, Dietetics
Cathy Van Halsema, Hematology
Helen Warwick, Nursing
Donna Wentworth, Urology
Robert White, Anesthesia
Cecelia Williams, Nursing
Marlene Wise, Pedi Microchem
Shirley Wray, Neurology
Warren Zapol, Anesthesia

For Twenty Years

Christine Annese, Nursing
Gail Arbuthnot, Comprehensive Breast Health Center
Viola Ball, Endocrine
Rita Barry, Medicine
Gloria Batson, Nursing
Maureen Beaulieu, Nursing
Maureen Bedle, Nursing
Atul Bhan, Pathology
Michael Bigby, Dermatology
Peter Biggs, Radiation Oncology
John Billings, Medicine
Georgi Bland, Administration
David Blumenthal, Medicine
Annetta Boisselle, Cardiology
Carol Bovest, Diabetes
Harold Branch, Environmental Services
Janice Brouillard, Nursing
Evangelin Brown, Information Resources
William Buckley, Patient Services
Nancy Burke, Hematology
Bettyann Burns-Britton, Nursing
Stephen Calderwood, Medicine
Albert Carter, Dietetics
Anne Cassels-Turner, Nursing
Denise Chou, Neurology
Lawrence Cohan, Pediatrics
Jeffrey Cohen, Health Information Management
Janice Corbett, Nursing
Joan Corea, Radiation Medicine
Robin Costa, Nursing
June Cowan, Medical Practice Evaluation
Ward Cromer, Psychiatry
Peter Daniel, Neurology
Ann Delisia, Radiology
Frances Donovan, Blood Transfusion Service
Denise Dreher, Blood Transfusion Service
James Driscoll, Buildings & Grounds
Kenneth Dzus, Nursing
Carol Elwell, Surgery
Richard Enfanto, Pharmacy
Patricia English, Respiratory Care
Dianne Farley, Nursing
Ellen Feldman, Social Service
Joan Folsom, Children's Service
Peter Geraghty, Environmental Services
Gary Giarrusso, OR Administration
Mary Gill, Nursing
Irene Giorgetti, Nursing
Mark Goldstein, Children's Service
Pedro Gonzalez, Materials Management
John Goodson, Medicine
Sheila Gordon, Nursing
Mary Gould, Nursing
Fulton Grant, Dietetics
Donna Gulbinas, Blood Transfusion Service
Deborah Hall, Radiology
Gerard Henry, Materials Management
Yvonne Hobbs, Nursing
Francine Hobbs-Farrell, Nursing
Maryfran Hughes, Nursing
Katherine Hurxthal, Endocrine
Marian Jeffries, Nursing
Jesse Jupiter, Orthopaedics
Paul Kerstien, Nursing
Marguerit Kilfoyle, Nursing
Joseph Kratohvil, Respiratory Care
Linda Lauretano, Nursing
Letty Liu, Anesthesia
John Livermore, Buildings & Grounds
Nancy Lundy, Psychiatry
Judith Lynch, Social Service
Stephanie Macaluso, Nursing
Jane Maisey, Nursing
Thomas Manganaro, Surgery
Carole Mankin, Treadwell Library
Jeevendra Martyn, Anesthesia
Lori Mazzarelli, Nursing
Mary McAdams, Nursing
Maryellen McNamara, Nursing
Diana Minasian, Children's Service
Barbara Moscowitz, Social Service
Albert Mulley, Medicine
Edward Nardell, Medicine
Willie Nelson, Dietetics
Rosemary Noren, Surgery
Samuel Nussbaum, Medicine
Susan O'Brien, Nursing
Suzanne O'Connor, Human Resources
Susan O'Donnell, Nursing
Lanta Oliver, Medicine
Roslyn Orkin, Surgery
Teofila Ostrea, Endocrine
Thomas Panowicz, Psychiatry
Joseph Paretti, Psychiatry
Mark Pasternack, Pediatrics
Edward Perry, Environmental Services
Joanne Perry, Medical Practice Evaluation
Jean Phillips, Nursing
Michelle Picard, Surgical Research
Judith Randazzo, Radiology
Linda Reed, Nursing
Charles Reese, Dietetics
Emilia Ribas, Environmental Services
Sarah Richards, Pediatrics
Samuel Roberts, Admitting
Willie Roberts, Nursing
Carl Rosow, Anesthesia
Christine Ruel, Nursing
Jeremy Ruskin, Medicine
James Rutan, Jr., Psychiatry
Lee Salkovitz, Nursing
Rocco Sansevero, Buildings & Grounds
Joanne Schiavo, Pathology
Judith Schiff, Nursing
Fredda Sendker, Nursing
Bruce Shackleton, Psychiatry
Mary Sheehan, Medicine
Glenn Siegmann, Pharmacy
Mary Slavin-Simmons, Respiratory Care
Debra Smith, Nursing
Harry Sobel, Psychiatry
John Stakes, III, Neurology
Nancy Stark, Pathology
Judith Teicholz, Psychiatry
Bertha Thomas, OR Administration
Jesse Thompson, OR Administration
Bonnie-Jean Unger, Anesthesia
Solange Verdieu, Dietetics
Gus Vlahakes, Surgery
David Walton, Pediatrics
Steven Weise, Radiology
William Young, Chemistry
David Zaleske, Orthopaedics

For Fifteen Years

Donna Abend, Nursing
Robert Alexander, Psychiatry
George Alleyne, Environmental Services
Dianne Alpert, Cardiology
Keith Anderson, Nursing
Mary Anderson, Neurology
Grisel Arma, Medicine
Elisha Atkins, Medicine
Susan Aylouche, Nursing
Diane Bachiri, Cardiology
Theresa Barnett, Medicine
Mary Barry, Nursing
Lesly Bastien, Inpatient Phlebotomy
Larry Beagle, Radiology
Scott Belknap, Pharmacy
Patricia Biggs, Nursing
Gregory Bird, Nursing
Thomas Brady, Radiology
Maureen Brecken, Nursing
Diane Brindle, Nursing
Lynne Brown, Medicine
Howard Browne, Orthopaedics
Frederick Buckley, Jr., Surgery
Dennis Burke, Orthopaedics
Cynthia Campbell, Cancer Center
Marion Campos, Nursing
Mary Carey, Institute of Health Professions
Karen Carlson, Medicine
Karen Carpenter, Women's Health Associates
Philip Carrieri, Nursing
Patricia Carroccino, Thyroid/Endocrine
Nancy Caruso, Nursing
Leona Certusi, Communications
Danny Chin, Medicine
Joanne Chisholm, Dietetics
Joan Clark, Dermatology
Mary Clark, Finance
Philip Cole, Nursing
Linda Collings, Radiology
Donna Comolli, Nursing
Elizabeth Covington, Cardiology
Sandra Croteau, Vascular
Lianne Csicsek, Information Resources
Paula Curren, Children's Service
Francis Delmonico, Surgery
Ann Depasquale, Pedi Microchem
Marian DiFiglia, Neurology
Eleanora Ditocco, Nursing
Allan Dolinski, Environmental Services
Virginia Donahue, Admitting
Deirdre Donoghue, Orthopaedics
Jane Donohue, Chaplains Office
Calvin Dorsey, Surgery
Murdo Dowds, Jr., Psychiatry
Jennifer Dubois, Pathology
Nancy Etcoff, Psychiatry
John Fink, Neurology
Joanne Forde, Radiology
Agnese Froio, Radiation Medicine
Kathleen Gallant, Children's Service
Deborah Gately, Medical Walk-In
Susan Gavaghan, Nursing
Ann Geary, Nursing
Karen Gendron, Nursing
Cheryl Gerniglia, Nursing
Marie Giorgetti, Rehabilitation Services
Eugeta Gladden, Dietetics
Richard Goodenough, Surgery
Holly Goolsby, Pathology
John Grabbe, Pathology
Lois Greer, Radiation Medicine
Karen Griffin, Neurology
Kenneth Griffin, Cardiology
James Gusella, Pediatrics
Joyce Haase, Radiology
Carol Hall, Anesthesia
Juliette Hardiman, Nursing
Sara Hartmann, Nursing
Elizabeth Hartnett, Gynecology
Karylen Headley, Dietetics
Barbara Hejnar-Lowe, Cardiology
Maureen Hemingway, Nursing
Diane Herald, Nursing
Charles Homer, Pediatrics
Jane Howley, Nursing
Steven Hyman, Psychiatry
Barbara Irby, Pharmacy
Florence Johnson, Dietetics
Merrill Johnson, Radiology
Michael Johnson, Buildings & Grounds
Robert Johnson, Police & Security
Jill Jones, Cardiology
Lillian Kahn, Nursing
Joan Keefe, Hematology
Christine Kelley, Dietetics
Gregory Kelley, Materials Management
Deborah Kilian, Nursing
Marin Konstadt, Bunker Hill Health Center
Steven Krudop, Radiation Medicine
Thomas Krueger, Pediatrics
James Kurnick, Pathology
Ruthanne Lamborghini, Rehabilitation Services
Debra Lavandier, Human Resources
Donna Lawrence, Nursing
Christopher Lenk, Psychiatry
Lorenzo Lewis, Jr., Psychiatry
Ruth Lindquist, Nursing
Elijahu Livni, Radiology
Maria Lomba, Nursing
Susan Loomis, Human Resources
Carl Lorente, Oral Surgery
Brian Lynch, Nursing
Paul MacGarvey, Pedi Microchem
Edward MacInnis, Buildings & Grounds
Anne MacMillan, Nursing
Ann Magee, Nursing
John Maltsberger, Psychiatry
Constance Mancini, Bunker Hill Health Center
Susan Maraventano, Medicine
Donna Markham, Pathology
Patricia Marotta, Radiology
Jane Marshall, Cardiology
Marilyn Martin, Inpatient Phlebotomy
Susan Mathews, Hematology
Kathy McCarthy, Radiation M[illegible]ine
Mark McDonough, Polic[illegible]ty
Kathleen McElhinney, N[illegible]
Diane McElvery, Nursing
Kathy McEwan, Radiology
Sheila McGinty, Cardiology
Eleanor McGurrin, Radiation Medicine
Susan McKay, Nursing
Patricia McKenna, Gynecology
Margaret McMahon-Merli, Neurology
Ellen McPadden, Nursing
Deborah Messinger, Surgical Associates
David Miller, Radiology
Elizabeth Miller, Professional Billing
Samuel Miller, III, Medicine
Domenica Mogavero, Bacteriology
Denise Montalto, Rehabilitation Services
Andrea Morgan, Nursing
Jean Murphy, Cardiology
Maureen Murphy, Emergency Services
Ann Myers, Radiology
John Nathan, Physical Therapy
Therese Nearhos, Cardiology
Anna Nicklas, Professional Billing
Brian Niles, Buildings & Grounds
Emerson Niles, Buildings & Grounds
Joan Niles, Nursing
Susan Noska, Renal Unit
Nicholas O'Connor, Surgery
Karen O'Donnell, Pathology
Lorraine Palumbo, Planning & Construction
Anne Paone, Nursing
Marie Pardovany, Nursing
Christine Peters, Pathology
Gayle Peterson, Nursing
Marie Phillips, Nursing
Louis Pierre, Dietetics
Dialma Poles, Orthotics
Richard Polisson, Medicine
Mary Ponthriand, Chelsea Health Center
Ellen Poulos, Medicine
Ann Prestipino, Adminis[illegible]
Robert Reifsynder, Psyc[illegible]
Tanya Robbins, Nursing
Joanne Roberts, Cardiology
Karen Rowell, Bacteriology
Kathryn Raoff, Pathology
Rita-Ann Santangelo, Nursing
Jeanne Savage, Blood Transfusion Service
Robert Scardina, Orthopaedics
Nancy Schappler, Orthopaedics
Sara Schulman, Nursing
Cynthia Serrecchia, Cardiology
Jayne Sexton, Nursing
Elizabeth Seybolt, Cardiology
Veronica Shaffer, Radiology
Sonia Shea, Nursing
Kathleen Sheehan, Nursing
Peter Short, Pediatrics
Dale Sokoloff, Psychiatry
Eileen Sullivan, Utilization Management
Joan Tafe, Nursing
Joanne Testa, Chelsea Health Center
Elizabeth Thompson, Dietetics
Linda Thompson, Nursing
Rosemary Tintoni, Materials Management
Diana Titus, Nursing
Jane Tremble, Radiology
George Vaida, Medicine
Marilyn Vitale, Nursing
Leissa Vogler, Nursing
John Wain, Surgery
Janina Walach, Dietetics
Bruce Walker, Medicine
Robert Walker, Pediatrics
Judy Walsh, Orthopaedics
Peggy Warren, Psychiatry
Larry Washington, Police & Security
Anthony Webber, Orthopaedics
Arthur Weyman, Medicine
Janice White, Finance
Virginia Whitehouse, Medicine
Allen Wegner, Biomedical Engineering
Clarence Wiggins, Cardiology
Ellen Williams, Medicin[illegible]
Jacqueline Williams, N[illegible]
Eunice Wilson, Medicine
Jeanne Wilson, Anesthesia
Joanne Winners, Dermatology
Steven Yawarck, Radiology
W. B. Jerry Younger, Medicine
Yong Yu, Surgery
Joanne Zollarcoffer, Radiology

For T[illegible] Years

Lisa [illegible] Information Resources
Peter A[illegible] Information Resources
Sandra A[illegible], Health Information Management
Ruthann Aiger, Pathology
Mavis Alleyne, Environmental Services
Richard Anderson, Dermatology
Susan Anthony, Surgical Associates
Mary Appleyard, Nursing
Janice Arrigo, Radiology
Dorothy Aslin, Nursing
Brian Awbrey, Orthopaedics
Diane Bacigalupo, Nursing
Michael Bailin, Anesthesia
Carol Baker, Anesthesia
Cynthia Ballan, Nursing
Maria Barbieri, Radiology
Betsy Barr, Renal Unit
Rosemary Beagan, Nursing
Lora Belknap, Nursing
Janet Bell, Nursing
Rocco Bellone, Buildings & Grounds
Eddie Belmar, OR Administration
Anne Belmonte, Medicine
Richard Belton, Police & Security
Elena Bennett-Rizzo, Chelsea Health Center
Marieta Bienaime, OR Administration
Michael Bierer, Medicine
Heidi Bikkal, Thyroid Endocrine
Melissa Bjork, Nursing
Deborah Blacker, Psychiatry
Maria Bloch, Environmental Services
Claire Bloom, Medicine
Karen Bolden, Chelsea Health Center
Mary Bombardier, Nursing
Evelyn Borander, Social Services
Nancy Botazzi, Ambulatory Care
Roger Brent, Molecular Biology
Keith Briggs, Materials Management
Susan Briggs, Surgery
Dennis [illegible]ology
Doro[illegible]ietetics
Kather[illegible] Admitting
Robert Brown, Buildings & Grounds
Terrance Bruski, Ped: Microchem
Nancy Buckley, Gynecology
Kathleen Burns, Nursing
Joan Batterton, Pathology
H. Randolph Byers, Pathology
Nancy Caiazzi, Pathology
Darleen Cannizzaro, Nursing
James Cardello, Dietetics
Gilda Cardenosa, Radiology
Elizabeth Cargill, Cardiac
Coralee Carrigan, Nursing
Joan Carven, Blood Transfusion Service
Elizabeth Catlin, Pediatrics
Mary Christensen, Medicine
Jeanette Cohan, Anesthesia
Donna Coleman, Nursing
Carolyn Compton, Pathology
Teresa Cooper, Pathology
Gregory Corbin, Buildings & Grounds
Susan Cronin-Jenkins, Cardiac
Marion Daley, Nursing
Diana Dalton, Radiology
Laura Darden, Finance
Susan Davidson, Nursing
Michael Davis, Parking & Commuter Services
Albert Dearmendi, Anesthesia
Martha Decoulos, Nursing
Denise Deroseph, Nursing
Marc Deney, Medicine
Pamela Dietz, Pediatrics
Mattie DiNunzio, Professional Billing
Carmela DiBenedetto, Gynecology
Philip Dicarlo, Buildings & Grounds
Eileen Dirane, Nursing
Joyce Donovan Robles, Emergency Services
Michael Doris, Police & Security
Jeffrey D[illegible]rmatology
Elise D[illegible]
Barb[illegible]ursing
Brian D[illegible]gery
Nancy D[illegible], Chemistry
Daniel Dykes, Institute of Health Professions
Harwood Egan, Pediatrics
Carol Ehrlich, Medicine
John E[illegible], Pathology
Mark Eisenberg, Medicine
Louis Ercolani, Medicine
Milagros Escobar, Chelsea Health Center
Jacquelin Eversley, Bacteriology
Marlene Fairbanks, Pathology
Maureen Fallon, Nursing
Denise Faustman, Medicine
Maurizio Fava, Psychiatry
Robert Feldmann, Finance
Dianne Finkelstein, Medicine
Katharine Finnegan, Communications
Michelle Forrestall, Pathology
Victor Fox, Pediatrics
Myrtle Frederick, Environmental Services
Brian French, Nursing
Donna Frost, Nursing
Valerie Fullum, Social Service
Nick Galante, Buildings & Grounds
Charleen Gallagher-Che, Nursing
Richard Garber, Pediatrics
Carol Gelb, Anesthesia
Jeffrey Gelfand, Surgery
Elise Gettings, Nursing
Anna Giarrusso, Speech & Language Pathology
Elizabeth Gilroy, Cardiology
Eugenio Gonzalez, Radiology
Robert Goodwin, Environmental Services
Cynthia Googins, Nursing
Christina Graf, Nursing
Kelley Gramstorff, Nursing
Diane Greenwell, Neurology
Alberta Grunbeck, Nursing
Ana Gutierrez, Dietetics
Daniel Hagen, Police & Security
Elizabeth Haire, Radiology
David Hanitchak, Planning & Construction
Lori Hannan, Nursing
Aleta Hartman, Nursing
Nancy Hassan, Nursing
Thomas Hathaway, Pediatrics
Jacquelin Havey, Nursing
Kathryn Held, Radiation Oncology
Jane Hellier, Nursing
Alfonso Herranz, Pharmacy
Kathleen Hickey, Admitting
Franz Hillenkamp, Dermatology
Evelyn Ho, Nursing
Godtfred Holmvang, Medicine
Catherine Hotz, Biomedical Engineering
T. Howard Howell, Oral Surgery
Paul Huang, Medicine
Cynthia Hynes, Radiology
Frank Ireland, Nursing
Emeline Isaacs, Environmental Services
Maurice Isenhart, Police & Security
Deneya Jackson, Institute of Health Professions
Kathleen Jay-Aguirre, Medicine
Candace Jennings, Orthopaedics
Robert Johnson, Surgery
Verdieu Joseph, Environmental Services
Howard Kantor, Medicine
Steven Kelly, Admitting
Susan Kelly, Radiology
Edith Kenneally, Admitting
Charles Kenney, Research Facilities
Belinda King, Pulmonary
Robert Kingston, Molecular Biology
Anthony Kirvilaitis, Nursing
Ann Kirwin, Speech & Language Pathology
Elizabeth Klein, Nursing
Cynthia Knauss, Nursing
Susan Kroop, Medicine
Diane Lester, Nursing
Barbara Levin, Nursing
Gail Levy, Nursing
Sonia Lewin, Pediatrics
Mirta Leyva-Coffey, Nursing
Iris Lifshin, Professional Billing
Maryann Lonski, Nursing
Ted Love, Medicine
Ines Luciani McGillivray, Nursing
Shirley Lynch, OR Administration
Ruth Lynfield, Pediatrics
Marcy MacDonald, Neurology
Usha MacGarvey, Neurology
Marybeth Maheno, Nursing
William Mailloux, Anesthesia
Maryann Mantville, Orthopaedics
Margaret Marashlian, Chelsea Health Center
Kathryn Martin, Medicine
Judith Massakowski, Nursing
Joan Mathews, Children's Service
Daniel Maytum, Dermatology
Marius Maxwell, Children's Service
Megan McCarrens, Emergency Services
Stephen McDermott, Psychiatry
Sheila McCarthy, Nursing
Nancy McManus, Nursing
Lisa McNiel, Nursing
Manuel Medina, Parking & Commuter Services
Barbara Meehan, Childen's Medical Service
Angela Micozzi, Nursing
Debora Mihaley, Pediatrics
Carol Moran, Revere Health Center
Samuel Moschella, Dermatology
Cynthia Murphy, Radiation Medicine
Barbara Narkiewicz, Nursing
Mary Niederberger, Immunology
Monica O'Brien, Oral & Maxillofacial Surgery
Christopher Ogilvy, Neurosurgery
Dorothy Olimpio, Anesthesia
Dermot O'Rourke, Psychiatry
Rebecca Osgood, Pathology
Eva Ostane, Pathology
Guo-Li Pan, Pathology
Robert Pappagianopoulo, Information Resources
Brenda Parrelli, Nursing
Mary Paskos, OR Administration
Elsa Passera, Anesthesia
Carl Patturelli, Radiology
Joanne Phelan, Surgical Research
Phyllis Phelan, Neurosurgery
Terry Picard, Radiology
Donna Pimentel, Nursing
Brenda Pineda, Nursing
Mary Pirkey, Dietetics
Patricia Polys, Childen's Medical Service
Robert Portney, Psychiatry
Patricia Puopolo, Chemistry
Richard Ragin, Surgery
Carolyn Raoui, Professional Billing
Peter Raynes, Materials Management
Julia Reade, Psychiatry
Guy Reed, Medicine
Jennifer Repper-Delisi, Nursing
Linda Richards, Nursing
Linda Riley, Chelsea Health Center
Palmie Riposa, Nursing
Susan Rooney, Nursing
Christine Rothwell, Nursing
Linda Russell, Nursing
Gary Ruvkun, Molecular Biology
Adrienne Sacco-Maguire, Nursing
Aruna Sachdev, Pediatrics
Anthony Sansevero, Buildings & Grounds
Barbara Santosuosso, Revere Health Center
David Savage, Environmental Services
Julie Schwalm, Nursing
Robert Scott, Pharmacy
Nancy Seaborn, Health Information Management
Evadne Seale, Emergency Services
Maria Seavey, Nursing
Leslie Shaff, Anesthesia
Kenneth Shepherd, Anesthesia
Robin Sherman, Chelsea Health Center
Scott Sherman, Parking & Commuter Services
Christine Shields, Medicine
Luz Sierra, Bacteriology
James Silvia, Nursing
William Singer, Pediatrics
Malcolm Smart, Materials Management
Brenda Smith, Nursing
Kimberly Smith, Nursing
Robert Smith, Buildings & Grounds
Susan Smith, Registrar's Office
Angela Solis, Nursing
Ilse Sousa, Nursing
Maureen Spencer, Infection Control
Richard Stack, Parking & Commuter Services
Mary Stacy, Nursing
Ivan Stamenkovic, Pathology
Annmarie Starck, Rehabilitation Services
Joanne Stella, Radiology
Tracy Svizzero, Cardiology
Hiroshi Takahashi, Pathology
Sheila Tatulli, Nursing
Jane Thompson, Nursing
Michael Toth, Parking & Commuter Services
Michael Tsang, Treadwell Library
Catherine Vallan, Thyroid/Neuroendocrine
Elaine VanNostrand, Nursing
Carl Vonessen, Radiation Oncology
Emma Vozzella, Surgical Associates
W. Anthony Wakim, Orthopaedics
Sean Ward, Administration
Darlene Waters-D'India, Children's Service
David Weaver, Pediatrics
Barry Wershil, Pediatrics
George White, Radiology
Margaret White-Guthro, Infectious Disease
Kristin Wiltse, Registrar's Office
Marilyn Wise, Social Service
Shuilin Wong, Emergency Services
Katherine Wood, Nursing
David Wrightson, Biomedical Engineering
Vernon Young, Surgery
Patricia Zelano, Nursing
Duan-Sun Zhang, Pathology

For Five Years

Jean Abellard, Environmental Services
Valerie Abrahamsen, Institute of Health Professions
Judith Adams, Radiation Medicine
Laura Aguiar, Admitting
Edgar Aguirre, Environmental Services
Janet Allen, Bunker Hill Health Center
Nancy Alles, Nursing
Danisa Alonzo, Environmental Services
Yolanda Alston, Nursing
Angela Altobell, Nursing
Pedro Alvarez, Environmental Services
Maria Amaya, Information Resources
Edward Amico, Psychiatry
Wendell Anderson, Health Information Management
Lorna Andersson, Neurology
Elizabeth Andon, Blood Transfusion Service
Karen Andrews, Nursing
Malcolm Antoniazzi, Emergency Services
Socorro Antonsantti, Environmental Services
Ana Arango, Revere Health Center
Orlando Arango, Environmental Services
Aura Arias, Environmental Services
Gladys Arias, Environmental Services
Richard Ash, Respiratory Care
Prakob Ath, OR Administration
Cheryl Auciello, Nursing
Marie Auguste, Dietetics
Heather Austin, Nursing
Liliana Avellan, Social Service
Isabel Aviles, Chelsea Health Center
William Aylward, Communications
Marie Azevedo, Urology
Waheedah Aziz, Nursing
Lisa Azzam, Rehabilitation Services
John Babich, Radiology
Marc Bailey, Professional Billing
Patrick Baldassaro Dietetics
Bibiane Baptiste, Ambulatory Care
Doreen Barker, Professional Billing
Elizabeth Barkowski, Communications
Emerald Barkowski, Nursing
Sandra Barrow, Radiology
Joyce Barrows, Nursing
Carolyn Bartlett, Nursing
Othniel Baudouin, Radiology
Tony Bazile, Dietetics
Christoph Beagle, Police & Security
John Beagle, Pulmonary
Laura Becker, Fernald School
Alfred Beckford, Dietetics
Cynthia Beech, Dietetics
John Belknap, Professional Billing
Jeffrey Bell, Radiology
Hilda Bellamy, Nursing
Vera Belle, Emergency Services
William Belton, Buildings & Grounds
Susan Beltrami, Nursing
Jackie Beltre, Nursing
Christine Bennett, Nursing
Valerie Bennett, Environmental Services
Robert Bergman, Nursing
Maryse Bernard, Dietetics
Frances Bertucci, OR Administration
Kirtan Bhagat, Nursing
Dorothy Binford, Cancer Center
Victor Blanco, Nursing
Marion Blomster, Neurology
Daphne Blount, Radiation Medicine
Willie Blount, Dietetics
Julio Bonilla, Nursing
Luis Bonilla, Environmental Services
Karen Borden, Nursing
Cynthia Bossi, Finance
Michael Botte, Buildings & Grounds
Margaret Boulos, Medicine
Shirley Bousquet, Dermatology
Maryellen Boutin, Nursing
Catherine Bove, Neurology
Grace Bowen, Nursing
Kathryn Bowse, Nursing
Patricia Boykins, Nursing
Linda Bracey, Nursing
Lauren Bradbury, Neurology
Doreen Bradley, Finance
Charlotte Brahm, Pathology
Cheryl Brazel, Anesthesia
Elaine Brewer, Childen's Medical Service
Deborah Brewster, Nursing
Patricia Briggs, Nursing
Wilmot Bright, Professional Billing
Christine Brown, Nursing
Craig Brown, Cancer Center
James Brown, Nursing
Kathleen Brown, Dietetics
Cathleen Buckley, Professional Billing
Mark Buckley, Chelsea Health Center
Pamela Bufford-Pomales, Health Information Management
Elaine Bulman, Health Information Management
Roslin Bumford, Nursing
Edward Burns, Respiratory Care
Henry Buszkiewicz, Admitting
Scott Byrne, Professional Billing
Joseph Byrnes, Police & Security
Melvin Caban, Environmental Services
Maria Cabral, Environmental Services
Plinio Cabrera, Radiology
Kathrina Caiby, Nursing
Jimmie Calhoun, Environmental Services
Nannie Calhoun, Finance
Laura Cameron, Nursing
Courtland Campbell, Cardiology
Terrance Campbell, Radiology
Melissa Candido, Radiology
Matthew Cannata, Radiology
John Cannillo, Radiology
Cathaleen Canteen, Nursing
Jonna Capecci, Rehabilitation Services
Tracy Cardinal, Gynecology
Luis Cardoso, Environmental Services
Mary Carolan, Nursing
Judith Carr, Cardiology
Joan Carriere, Pathology
Patricia Carroll, Infectious Disease
Diane Carter, Nursing
Joanne Carter, Blood Transfusion Service
Dean-Ray Carthy, Inpatient Phlebotomy
Elizabeth Carven, Nursing
Noreen Casey, Cardiology
Sandra Cedor, Cancer Data Registry
Marie Celestin, Dietetics
Paul Celin, Environmental Services
Nino Cerniglia, Health Information Management
Mireille Cesar, Environmental Services
Mary Chambers, Development & Public Affairs
Angela Chandler, Ambulatory Care
Emily Chandler, Institute of Health Professions
Wilfred Charlotins, Dietetics
Cheryl Chase, Health Information Management
Trevor Chase, OR Administration
Omar Chebbo, Hematology
Zhangwen Chen, Nursing
Margarett Chery, Nursing
Marjorie Chery, Nursing
Robert Chotalal, Nursing
Roseann Ciccolo, Nursing
Jennifer Clough, Radiation Medicine
Elizabeth Coe, Nursing
Jayson Colby, Medicine
Marcia Collins, Dietetics
Michael Comoletti, Police & Security
Geraldine Connolly, Admitting
Allan Cook, Pathology
Brunilda Cordero, OR Administration
Peter Correia, Respiratory Care
Joan Cosgrove, Radiology
Pamela Cosgrove, Human Resources
John Couris, Materials Management
Susan Coveney, Infectious Disease
Leah Coviello, Parking & Commuter Services
Christine Cravotta, Finance
Kathryn Creati, Nursing
Donna Crowe, Neuroscience
Judith Crowe, Medicine
Annette Crowley, Neurology
Kathleen Crowley, Nursing
Merlin Cruickshank, Hematology
Joselino Cruz, Environmental Services
Joanne Culipher, Revere Health Center
Douglas Cumming, Radiation Medicine
Kim Curley, Nursing
Susan Cutillo, Bunker Hill Health Center
Carol Dalton, Nursing
Catherine Daly, Dietetics
Cecile Darcy, Nursing
Elisa Darocha, Inpatient Phlebotomy
Eugenio Darosa, Health Information Management
Sandra Daszuta, Nursing
Ellen Davis, Childen's Service
Lalita Davis, Radiology
Philip Davis, Health Information Management
Antonia Debrito, Environmental Services
John Deckro, Institute of Health Professions
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Anthilde Demetrius, Environmental Services
Daniel Diamant, Childen's Medical Service
Emma Diaz-Ortiz, Chelsea Health Center
Alan Dibiasio, Pharmacy
John Dillon, Buildings & Grounds
Nicholas Dimitrakopoul, OR Administration
Andrea Dinardo, Nursing
Rosemary Dolan, Surgical Associates
David Dombkowski, Pathology
Medinor Dorson, Environmental Services
Antonio Dosanjos, Environmental Services
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Mary Dowd, Nursing
Lorraine Duda, Medicine
Tamara Dudkin, Pathology
Michael Duffy, Radiation Medicine
Kearin Dunbar, Dietetics
Joyce Dunne, Nursing
Pamela Dwyer-Grogan, Nursing
Mark Dynan, Infectious Disease
Mary Edouard, Nursing
Enid Edwards, Materials Management
John Elder, Orthopaedics
Marsha Elixson, Nursing
Tamsin Elliott, Nursing
Cecelia Emerson, Neurology
Maria Emilia, Environmental Services
Jay Emmons, Nursing
Patricia Eng, Office of Legal Counsel
Nancy Erhard, Hematology
Pierrot Exilus, Dietetics
Domingas Facada, Health Information Management
Constance Factor, Finance
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Patricia Fallon, Nursing
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Sarah Fulgham, Inpatient Phlebotomy
Juliet Gaima, Nursing
Luis Galarza, Finance
Kevin Gallagher, Professional Billing

Joao Garcia, OR Administration
Michelle Garcia, Radiology
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Eridania Gende, Nursing
Ann Getman, Nursing
Joann Giampa, Nursing
Josephine Giangrande, Professional Billing
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Romuald Gierymski, Health Information Management
Linda Gill, Nursing
Ruth Giorgi, Dermatology
Peggy Givans, Nursing
Kristina Gleeson, Nursing
Beth Glick, Social Service
Thomas Glover, Dietetics
Lisa Gluck, Nursing
Paul Gobeil, Nursing
Lucia Goffigon, Social Service
Virginia Goggin, Professional Billing
Ronda Goldman, Surgical Associates
Domingas Gomes, Environmental Services
Robert Gomes, Environmental Services
Laura Goodman, Orthopaedics
Tricia Gordon, Materials Management
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Philip Graceffa, Radiation Medicine
Berney Graham, Social Service
Denise Graham, Nursing
Simone Graham, Inpatient Phlebotomy
Paula Greatorex, Human Resources
Rebecca Greenwood, Nursing
Judith Grice, Medicine
Janet Guerra, Environmental Services
Esther Gutierrez-Rosa, Health Information Management
Anh Ha, Environmental Services
Steven Haffa, Pharmacy
Lisa Hale, Nursing
Bancroft Hall, Environmental Safety
Brian Hall, Materials Management
Elizabeth Halloran, Reading Disabilities
Kelli Hamilton, Nursing
Melvin Hargrove, OR Administration
Catherine Harrington, Women's Health Associates
Charlotte Harrington, Nursing
Donna Harrington, Professional Billing
Suzanne Harris, Finance
Pauline Hartley, Blood Transfusion Service
Marcia Hawboldt, Research Administration
Janice Healey, Nursing
Kerri Heffernan, Radiology
Julie Heinze, Nursing
Susan Heislein, Medicine
Christine Hennessey, Radiation Medicine
Marie Hennessey, Cardiology
Sandra Hennessey, Finance
Jane Hermosa, Nursing
Matthew Hibbard, Inpatient Phlebotomy
Christoph Hickey, Materials Management
Essie Hill, Nursing
Ta Hoang, Medicine
James Hodgson, Institute of Health Professions
Maria Hofman, Materials Management
Denise Hogan, Nursing
Evie Holder, Development & Public Affairs
Bennie Holman, Dietetics
Gregory Holt, Buildings & Grounds
Jacquelin Horgan, Professional Billing
Christina Houllahan, Nursing
Loretta Hsu, Chemistry
Carol Hurney, Nursing
Kevin Hutt, Finance
Jennifer Hylton, Nursing
Maria Iulian, Pathology
Althea Jackson, Dietetics
David Jackson, Finance
Renord Jacquet, Environmental Services
Ignace Jeancharles, Pharmacy
Raynald Jeanty, Environmental Services
Barbara Jenkins, Neurology
Maureen Jerz, Bacteriology
Sandra Johnson, OR Administration
Fada Joseph, Nursing
Mark Joseph, Materials Management
Pierre Joseph, Materials Management
Rameau Joseph, Dietetics
Kris Joyner, Materials Management
Anne Jungels, Nursing
Alla Kanevskaya, Nursing
Rosanne Karp, Nursing
Ruth Katz, Medicine
Ali Kazeroonian, Hematology
Monica Kee, Information Resources
Judith Kelly, Finance
Margaret Kiley, Dietetics
Stephen Kirby, Chelsea Health Center
Annaliese Kirk, Finance
Patricia Kiszkiss, Surgical Research
Electa Kittrell, Dietetics
Tina Knowles, Radiology
Janet Koslouski, Pathology
Frances Kramer, Medicine
Lorraine Kushner, Social Service
Roberta Lacroix, Orthopaedics
Susan Ladetto, Nursing
Marie Lafortune, Nursing
Mary Lalonde, Office of Legal Counsel
Maria Lander, Endocrine
Darlene Landry, Human Resources
Ellen Lartey, Pharmacy
Sheryl Lauber, Human Resources
Feroline Laughlin, Vascular
Helen Lawler, Finance
Mary Lawlor, Human Resources
Elvina Lawrence, Bacteriology
Standley Lawton, Health Information Management
Barbara Layne, Environmental Services
Andy Le, Health Information Management
Helen Leahy, Bunker Hill Health Center
Kristine Leahy-Navarro, Nursing
Alicia Leblanc, Health Information Management
Shirley Leitao, Nursing
Jamie Lender, Pharmacy
Stephen Lentini, Materials Management
Irene Lerman, Pulmonary
Michelle Lerner, Nursing
Ronald Letowski, Nursing
Perlyn Lewis, Dietetics
Shunfa Li, Environmental Services
Zelda Lichman, Information Resources
Pauline Lim, Molecular Biology
Kristine Lindstrom, Nursing
Robin Lipkis-Orlando, Nursing
Joann Listro, Cancer Center
Susan Little, Urology
Marie Lloyd, Medicine
Maria Loduca, Social Service
Paul Loiselle, Shriner's Burn Institute
Kathryn Long, Human Resources
Matthew Longval, Blood Transfusion Service
Michel Louis, Dietetics
Andrew Lozynsky, Orthopaedics
Elisabeth Lubas, Nursing
Elaude Luc, Environmental Services
Nixon Luc, Environmental Services
Diane Lucente, Neurology
Alberto Luna, Environmental Services
Shirley Lundrigan, Pharmacy
Crystal Lynch, Nursing
Elaine Lynch, Office of Technology Administration
Michael Lynch, Treadwell Library
Kathleen Lyon, Nursing
Mark Lyons, Radiology
Paul Macaruso, Institute of Health Professions
Catherine Mackinaw, Nursing
Roberta Magers, Human Resources
Kathleen Maguire, Nursing
Debra Mahoney, Bunker Hill Health Center
Margaret Maider, Nursing
Victoria Makowiecki, Nursing
Khamphoui Malayvong, OR Administration
Marc Malo, Buildings & Grounds
Debra Mancini, Pathology
Gidget Manning, Radiation Medicine
Peter Manzo, Psychiatry
Jolene Marangi, Nursing
Tracy Maravalli, Nursing
Mary Marcella, Bunker Hill Health Center
Harry Marcellin, Dietetics
Clodese Marcilin, Environmental Services
Robert Marino, Environmental Services
Vicki Marston, Nursing
Desslar Martin, Pathology
Bayoan Martinez, Inpatient Phlebotomy
Fungai Maswoswe, Dietetics
Maria Mata, Environmental Services
Keith Matassa, Pedi Microchem
Lita Mattaroccia, Professional Billing
Cheryl Maurer, Physical Therapy
Irene McAleavey, Psychiatry
Christine McAvoy, Nursing
Mcdonald McBride, Nursing
Sheila McCallum, Nursing
Jodi McCarthy, Nursing
Nancy McCarthy, Bacteriology
Mary McConville, Nursing
Elizabeth McDevitt, Nursing
Diane McDonald, Radiology
Michael McGah, Nursing
Maryjane McGoey, Radiology
Nancy McGrath, Professional Billing
Susan McIntyre, Social Service
Stephan McKay, Nursing
Florence McLain, Nursing
Gerard McMahon, OR Administration
Paul McMahon, Buildings & Grounds
Christine McNally, Gynecology
Tricia McQuade, Police & Security
Francesca McRae, Finance
Kathleen Meeker, Ambulatory Care
Jeanne Melley, Nursing
Jonathan Mello, Nursing
Dawn Melson, Children's Service
Stacey Melson, Radiology
Maria Mendes, Environmental Services
Tracy Menza, Nursing
Margaret Mercury, Environmental Services
Joanne Merrill, Radiology
Marie Mesamour, Nursing
Kristin Meyer, Nursing
Micheline Milleret, Pharmacy
Stephen Millham, Orthotics
Anita Miranda-Galloway, Medicine
John Mitchell, Dietetics
Martha Mitchell, Endocrine
Evan Mojica, Bacteriology
Kathleen Molhan, Emergency Services
Marie Montour, Materials Management
Nichole Moraldo, Dietetics
Ronney Moraldo, Nursing
Carmen Morales, Human Resources
Ercilia Morales, Radiology
Ramon Morales, Environmental Services
William Morales, Information Resources
Margaret Moran, Information Resources
Terecina Morillo, Nursing
Margaret Morrell, Anesthesia
Susan Morris, Nursing
Wendy Morris, Information Resources
Susan Morrissey, Nursing
Lisa Morse, Medicine
Agnes Morson, Gastrointestinal Services
Jill Moyette, Nursing
Millie Mruze-Ramey, Pathology
Lynne Murphy, Diabetes
Rebecca Murphy, Social Service
Brian Murray, Radiology
Philip Murray, Chemistry
Kim Nadeau, Radiology
Yvonne Naimo, Professional Billing
Kethia Nazaire, Communications
Yves Nerette, Dietetics
Neusa Neves, Nursing
Laura Neville, Nursing
Yau Ng, Health Information Management
Khoa Nguyen, Pharmacy
Anthony Nicholson, Environmental Services
Gail Nilsson, Nursing
Karen Nock, Ambulatory Care
James Noga, Information Resources
Eileen Norris, Nursing
Anna Nunez, Materials Management
Juan Nunez, Environmental Services
Bernard Nurse, Environmental Services
Brian O'Callahan, Buildings & Grounds
Aurea O'Casio, Psychiatry
Patricia O'Connor-Colpitts, Medicine
Joan O'Donnell, Nursing
Mary O'Elwang, Treadwell Library
John O'Grady, Information Resources
Donna O'Leary, Finance
Eileen O'Leary, Renal Unit
Traci O'Leary, Nursing
Sonia Oliveira, Environmental Services,
Ann O'Malley, Institute of Health Professions
Mary Orecchio, Radiology
Georgette Orgeat, Environmental Services
Irene Orourke, Finance
Carol Orrico, Medicine
Krystyna Orzepowska, Health Information Management
Maureen O'Shea, Nursing
Fareeda Osman, Information Resources
Stephen Otto, Pharmacy
Richard Ouellette, Nursing
Jennifer Pachas, Cardiology
Lauren Pacific, Nursing
Donna Palazzi, Materials Management
Beatriz Panameno, Health Information Management
D. Paparella-Mclaughlin, Renal Unit
Roberto Parial, OR Administration
Robin Parsons, Gastrointestinal Services
Stephen Patterson, Health Information Management
Darnelle Paul, Nursing
Fredo Paul, Dietetics
Denise Pearson, Surgical Research
Paul Peck, Information Resources
Leneva Penton, Finance
Rolando Perea, Nursing
Michelle Perella, Radiology
Pablo Perez, OR Administration
Ricardo Perez, Dietetics
Christoph Perry, Nursing
Dana Perry, Nursing
Supron Phasang, Nursing
Carole Philippe, Dietetics
Marie Philippe, Environmental Services
Katherine Phillips, Physical Therapy
Robert Pina, Buildings & Grounds
Stephanie Piper, Respiratory Care
Cheryl Pires-Taylor, Dietetics
Donald Polcaro, Materials Management
Maude Pond, Human Resources
Salvador Portillo, Environmental Services
Leslie Portney, Institute of Health Professions
Michael Powell, Materials Management
Patricia Powell, Nursing
Elizabeth Powers, Admitting
William Press, Pathology
Jean Price, Nursing
Wydott Price, Dietetics
Edward Purtz, Respiratory Care
Lori Pyburn, Nursing
Jeffrey Pyne, Hematology
Linda Pytlak, Dermatology
Barbara Quigley, Radiology
Pastor Quintero, Environmental Services
Hassan Raoui, Professional Billing
Liduino Raposo, Chemistry
James Rearick, Information Resources
David Reed, OR Administration
Lillian Regan, Radiology
Tina Regan, Nursing
Carlos Regis, Information Resources
Catherine Reinhart, Professional Billing
Richard Reuss, Nursing
Nieves Reyes, Materials Management
Ramon Reyes, Environmental Services
Ann Reynolds, Nursing
Maria Rico, Nursing
Saintelie Rigaud, Environmental Services
Michael Rindone, Professional Billing
Mary Riordan, Gynecology
Ray Ritz, Respiratory Care
Nancy Robb, Human Resources
Patricia Robinson, Revere Health Center
Lisa Rodriguez, Pedi Microchem
Petronila Rodriguez, Environmental Services
Elizabeth Rohan, Social Service
Raymond Rose, Information Resources
Jeanne Rouse, Nursing
Stephen Russell, Dietetics
Marie Russo, Psychiatry
Bernadett Ryan, Ambulatory Care
David Ryan, Police & Security
Darren Sack, Radiology
Kamil Said, Nursing
Hansy Saint-Hubert, Dietetics
Marie Saint-Juste, Dietetics
Lauretta Salerno, Medicine
Rolande Salomon, Dietetics
Abraham Samah, Environmental Services
Celeste Sanborn, Nursing
Nancy Santoro, Buildings & Grounds
Miguel Santos, Nursing
Pedro Santos, OR Administration
Almut Sarkisianz, Medicine
Gerald Sasso, Professional Billing
Marie Sasso, Finance
Mary Sauk, Nursing
Janet Saunders, Health Information Management
Denise Sawicki, Emergency Services
Sotheary Say, Nursing
Clara Scalesse, Materials Management
David Schofield, Buildings & Grounds
Richard Schrenker, Buildings & Grounds
Charline Schwartz, Pharmacy
Khadija Scott, Inpatient Phlebotomy
John Seale, Finance
Ronald Searles, Chelsea Health Center
Joyce Searsdelangis, Nursing
Marjorie Semerzier, Environmental Services
Joseph Sermeil, Environmental Services
Diane Severini, Radiology
Princess Shattuck, Finance
Beverly Shaw, Nursing
Inna Shepsis, Pathology
Caroleann Sheridan, Nursing
Diane Shirly, Medicine
Ella Shuster, Pathology
Ann Shyr, Immunology
Nancy Siegel, Comprehensive Breast Health Center
Maria Silva, Medicine
Filomena Silvestri, Human Resources
Barbara Simmons, Dietetics
Thomas Simmons, Materials Management
Dolores Smith, Nursing
Lelias Smith, Nursing
Loftus Smith, Environmental Services
Sally Smith, Radiation Medicine
Saiyueh Smits, Health Information Management
Daniela Soltisova, Pathology
Christine Soltys, Pathology
Karen Spencer, Emergency Services
Richard Sproul, Biomedical Engineering
Sophia Stephenson, Pathology
Anne Stevens, Professional Billing
Brenda Stewart, Renal Unit
Jamia Stewart, Nursing
Andrea Stidsen, Human Resources
Jane Stiller, Gynecology
Maureen Stimpson, Radiology
Frantz Stiven, Environmental Services
Kenneth Strom, Nursing
Amy Stultz, Social Service
David Stymiest, Buildings & Grounds
Brian Sullivan, Treadwell Library
Patricia Sullivan, Institute of Health Professions
Paul Sullivan, Environmental Services
Peter Sullivan, Human Resources
Timothy Sullivan, Respiratory Care
Susan Supple, Nursing
Melinda Sweeney, Finance
Violet Sylvester, Nursing
Jonathan Tamir, Oral and Maxillofacial Surgery
Patrick Tan, Human Resources
Ana Tapanes, Materials [illegible]
Anne Taylor, Respiratory Care
George Tejada, Emergency Services
Kahasaye Temanu, Nursing
Laraine Tenaglia, Medicine
Caren Tessein Harris, Nursing
Angela Thurmond, Dietetics
Bruce Tierney, Radiology
Jennifer Tillson, Nursing
Adele Tirella, Blood Transfusion Service
Savong Toch, Environmental Services
Ellen Trabka, Chelsea Health Center
Melissa Tramontozzi, Radiation Medicine
Dinh Tran, Environmental Services
Dawn Trenchard, Finance
Carmela Tringali, Anesthesia
Andrzej Trocha, Radiology
Shelley Turok, Finance
Charyl Urbano, Pathology
Wildie Vachon, Radiology
Augusto Valleparedes, Radiology
Donna Vankleeck, Nursing
Marie Varga, Professional Billing
Denise Vargas, Professional Billing
Suzzanne Vass, Nursing
Michael Venezia, Materials Management
Lisa Venus, Radiology
Holly Vetrano, Chemistry
Duval Vibert, Dietetics
Bernadett Vijayakanth, Pathology
Alapakkam Vivek, Professional Billing
Michael Vousboukis, Pharmacy
Todd Walker, Environmental Services
Elizabeth Walker-Corke, Medicine
Paulette Wallace, Nursing
Dorothy Walsh, Utilization Management
Kevin Walsh, Radiology
Lorraine Walsh, Medicine
Susan Wamboldt, Nursing
Doreen Ward, Nursing
Rhonda Watler-Young, Children's Service
Jeffrey Wdow, Development & Public Affairs
Joan Weathers, Health Information Management
Leslie Webber, Radiology
Harold Weiss, Nursing
Karen Weissbach, Radiology
Deborah Wengrovitz, Nursing
David Westol, Nursing
Eileen Wheeler, Dietetics
Robert Wheeler, Information Resources
Vera Whint, Environmental Services
Lawrence White, Radiology
Anna Wieckiewicz, Urology
Denyzes Williams, Ambulatory Care
Kasandra Williams, Health Information Management
Caryn Wilson, Finance
Deborah Winkler, Nursing
Wolff Winslow, Pharmacy
Joanne Wohler, Nursing
Karen Wolf, Institute of Health Professions
Wing Wong, Molecular Biology
Susan Woods, Radiation Medicine
Edward Wright, Nursing
Jeffrey Wright, Information Resources
Jo-Ann Yargeau, Nursing
Judith Young, Information Resources
Denise Youssef, Dermatology
Elena Zannino, Professional Billing
Nikki Zapol, Research Administration
Joan Zarzin, Cancer Center
Guoyong Zhu, Environmental Services
Jay Zimmerman, Radiology
Julie Zydel, Nursing

October 20, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Potts named to new position

SAMUEL O. THIER, MD, president of The Massachusetts General Hospital, has announced that John T. Potts, MD, chief of the MGH Medical Service since 1981, will assume a newly created position as director of Research. The hospital will begin a nationwide search for a successor to lead the Medical Service, which will remain an independent MGH-based service, and Potts will continue as chief in the interim.

"John Potts is a highly respected leader in academic medicine, and his leadership of the Medical Service has been instrumental in maintaining and enhancing the MGH's standing among the country's hospitals," says Thier. "I'm delighted that he will take on a new leadership role at this critical time for research and that the MGH will continue to benefit from his wisdom."

During Potts' 14 years as chief, the Medical Service has nearly doubled in

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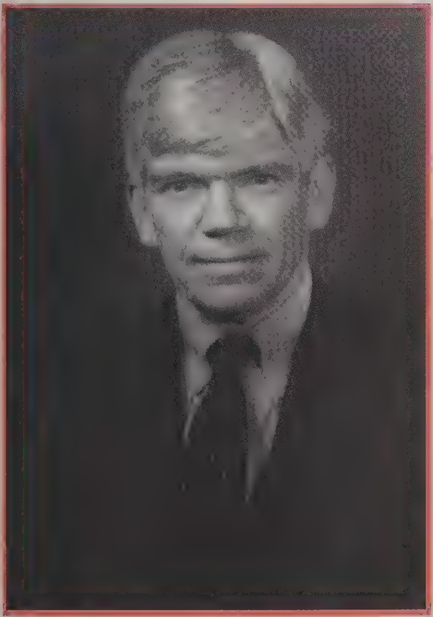
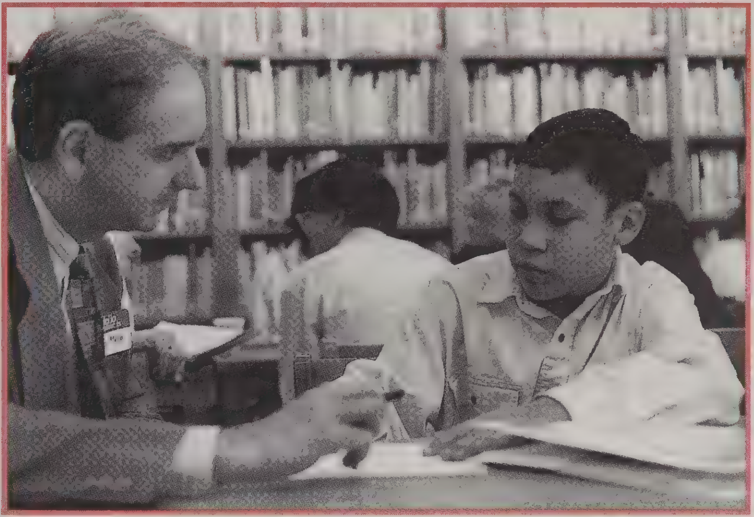


John T. Potts, MD

MGH-Timilty mentoring program in session



Between September and February each year, dozens of Timilty Middle School students team up with MGH mentors to work on science fair projects. The Science Fair Mentoring Program is part of the MGH-Timilty Partnership, an innovative program designed to enhance the science education of students from the Timilty Middle School in Roxbury, an award-winning Boston public school with a culturally diverse student population.

More than 70 student-mentor teams kicked off this year's effort at a special breakfast at Timilty, Sept. 29. Pictured brainstorming about project ideas are Jonathan Mello of Nursing Support Services and 8th-grader Edward Patterson. Final projects will be displayed at an MGH-Timilty Science Fair in February.

Ether Day: A chance to celebrate and reflect

WEARING CARNATIONS color coded to years of service next to their newly acquired service pins, clusters of celebrants gathered for the 50th anniversary of Ether Day last Friday. A 60-year-pin recipient, wearing a single red rose, took the podium and addressed a crowd that included many of the 1,454 MGHers being honored this year as well as their colleagues, friends and families.

"It really doesn't seem all that long! It's been a wonderful experience," said 88-year-old Mandell Cohen, MD, member of the MGH Neurology Department, and a fellow of Britain's prestigious Royal Society of Medicine/College of Psychiatry.

"Mass. General is a collection not of buildings but of fine, bright, hard-working people. It has changed a good deal but not in the fundamentals: nice people doing good work — with good manners by the way," said Cohen in his signature Alabama accent.

"I have seen and enjoyed many new developments here: the Obstetrics Service; many new buildings — and some fine ones

(Continued on Page 2)

— Ether Day: A chance to celebrate and reflect

(Continued from Page 1)

demolished; female house officers and staff members and even the chief of my own service, the accomplished Dr. Anne Young; the MRI and the PET scan.

"I am frequently asked how to get to 60 years. It's really simple. Start by being the youngest in your class at medical school and pick ancestors with long-living genes."

Cohen says his first clear memory is connected to medicine, a bout with smallpox when he was 4. An earlier, albeit foggier, memory is of him and his sister sitting down to watch Halley's comet — in 1910, when Cohen was 3.

Ten years later marked the birth of this year's sole 50-year-pin recipient, 75-year-old John Crawford, MD, of Pediatric Endocrinology.

Crawford could stay at the ceremony only briefly before hurrying back to waiting patients.

Richard R. Crater, executive vice president and chief executive officer, commented on the MGH's past, noting that many refer to it as the "golden era of health care." Crater also spoke about the hospital's present, marked by changing times, and its future, which he forecast would be defined by challenges and opportunities.

"Through it all," he told listeners, "you are what makes everything happen, and I recognize that. You are the equity — the knowledge and the skills that you call on when you treat patients. I thank you for everything you have done for the MGH."

In closing, Jeff Davis, senior vice president for Human Resources and Operations Improvement, thanked those in attendance for coming to the celebration and, more important, for their contributions to the hospital. ●

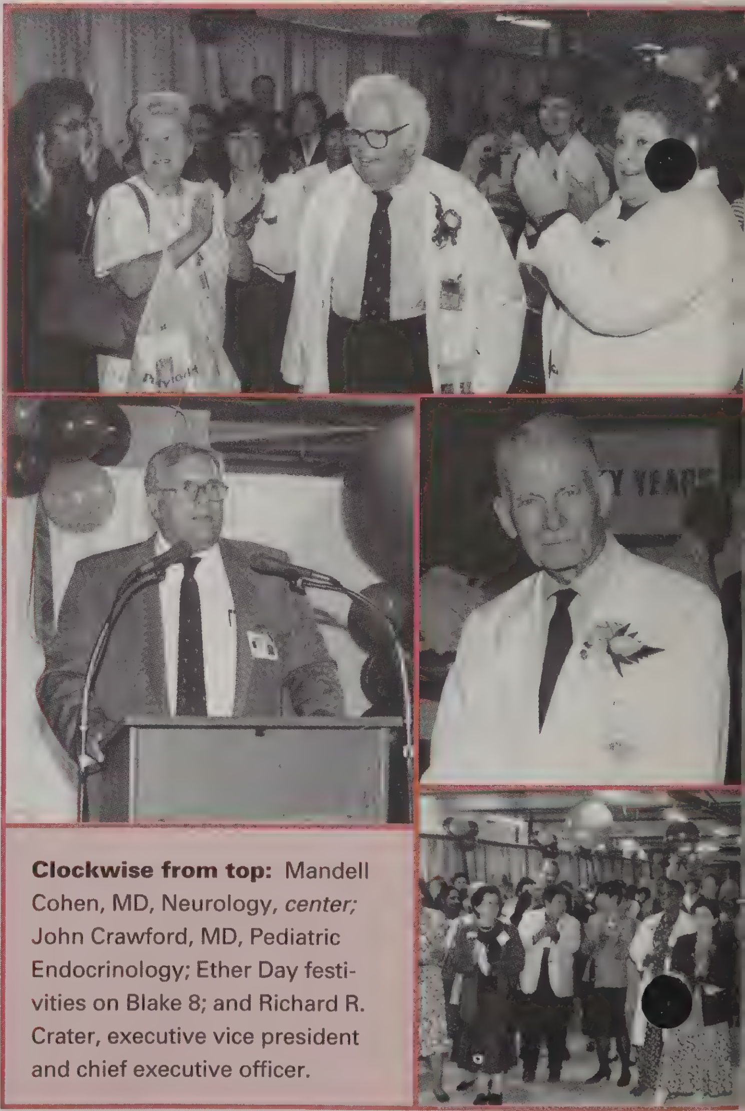
Advances

MGH-BWH team corrects diabetes-associated cell defect

A research collaboration between MGH and BWH scientists has demonstrated, for the first time, the possibility of treating autoimmune disorders with gene therapy. By inserting normal copies of genes that may contribute to development of Type 1 diabetes into immune cells from diabetic patients, the researchers corrected an abnormality in a molecule involved in "educating" the immune system not to attack the body's cells. Leading the research were Denise Faustman, MD, PhD, of the MGH Diabetes Unit and Fred Wang, MD, of the BWH Department of Medicine. Also participating in the study were Xiangping Li, PhD, of the MGH, and Bethany Annis of BWH.

In this test-tube study, published this summer in *Human Gene Therapy*, normal copies of two genes involved in transporting proteins within cells were introduced into immune system B cells from diabetic patients. In diabetes, a key molecule involved in teaching the immune system not to attack the body's own tissues does not appear in normal amounts on the surface of B cells. Inserting the nondiabetic genes produced normal levels of this molecule in B cells from 80 percent of diabetic patients (half of the responding cells reacted to one gene and half reacted to the other).

Although this approach may someday lead to techniques to prevent development of Type 1 diabetes, additional research is needed before testing begins in humans. ●



Clockwise from top: Mandell Cohen, MD, Neurology, *center;* John Crawford, MD, Pediatric Endocrinology; Ether Day festivities on Blake 8; and Richard R. Crater, executive vice president and chief executive officer.

Card keys for parking lots on the way

ACCESS-CONTROL systems will be installed in all MGH parking lots beginning this November and continuing for several months. Operated by card keys, the automated systems will help control access to lots, provide information on the number of cars using the lots and identify peak times of use. Once the access-control systems are in place, special pricing programs designed for patients and visitors will be implemented.

The changes will make [illegible]ng more convenient and affordable for patients and visitors of the MGH, while ensuring that employees and staff also have parking options. Changes began this summer when some employees were asked to free up spaces in lots closest to the hospital.

"Everyone involved in designing and implementing changes to the parking program is aware that some MGH employees have been inconvenienced," says Bruce Ernst, director of Operations Program Planning. "We are grateful to the people who have cooperated in this process. Their willingness to move will benefit patients and visitors."

As changes are implemented, the Parking Office will provide more information about the access-control system — [illegible]tions, schedules, obtaining card keys, etc. — directly to those affected. ●

Oi Vision guides OI design teams

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

HUNDREDS OF MGH staff and employees last month began work on 16 Operations Improvement (OI) design teams. Each team will develop ways to reduce expenses, enhance service and maintain or improve quality in a specific operational or clinical area. Although the focus differs from team to team, a common vision guides them as they formulate plans to transform the way work is performed throughout the hospital.

The vision, developed by the OI Care and Service Delivery Team during the spring and summer, calls for the MGH to continue providing local, regional, national and international patients with a full range of services — from primary to subspecialty care. In addition, the plan calls for referring patients within the Partners network for all levels of care, such as hospice, rehabilitation and home care.

Recognizing the MGH commitment to patient care, teaching and research — the central tenets of the hospital's mission — the vision identifies patients, employees and staff as the hospital's primary "stakeholders." Anesthesiologist Jean Elrick, MD, who chaired the Care and Service Delivery Team, explains: "Design teams will draw up proposals to help the MGH achieve its mission. The changes they initiate should meet the needs of those who have a real stake in patient care, teaching and research — patients, employees, physicians, residents and researchers."

Elrick says her team had a solid framework on which to craft a vision: the mission, values and goals refined through the ongoing MGH Strategic Planning process. By building on the framework of that vision, the Care and Service Delivery Team has provided design teams with a compass to guide them as they confront challenging cost-reduction, service and quality targets. The charge to the design teams is now to come up with a map. ●

OI design team guidelines

- simplify processes
- move services closer to patients
- group patients according to resource needs
- consolidate job categories
- flatten the management structure

Jean Elrick, MD, of Anesthesiology, chaired the Care and Service Delivery Team and leads the Emergency Services design team.

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WHAT'S HAPPENING

Eating healthfully

The Department of Dietetics will offer "Eating on the Run" at the Bunker Hill Health Center Oct. 25 and again on the main campus Oct. 26, from 5:30 to 6:45 pm. The deadline for registration is Oct. 24.

Also, learn how to keep lean by "Skimming the Fat" at a class offered Nov. 1, from 5:30 to 6:45 pm at the Bunker Hill Health Center. The cost is $15, and advance registration is required by Oct. 26. To register, call 6-2779.

— Potts

(Continued from Page 1)

size and scope. "I am truly honored to be asked and eager to begin my new responsibilities for this institution's scientific enterprise," he says. "In this time of managed care, our commitment to the growth of new knowledge and its application to finding new treatments for our patients is more important than ever."

More information about Potts' new position will appear in a future issue of *Hotline*. ●

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office at 101 Merrimac St., fourth floor.

Cancer survivor to speak at Dialogues series

The kickoff of the 10th season of the Dialogues series, sponsored by the Friends of the MGH Cancer Center, will be Oct. 25, 6 pm in the Walcott Rooms on the WACC mezzanine. Henry Mankin, MD, chief of Orthopædic Surgery, will moderate the program entitled "A Gift of Life / A Mother's Tears." A woman who survived cancer will address the group. For more information on this or other Friends events, call the Friends at 6-1063.

Photo deadline extended for physician directory

Photos for the MGH/BWH Physician Referral Directory, which will include all active clinical staff, can be taken weekdays through Oct. 25, 7 am to 5 pm, Bulfinch 218 Conference Room. Walk-ins are welcome. Those who would prefer to schedule appointments can contact Laura Cutler at 4-2838 or by page at 121-1555.

Beacon Hill open house

All MGHers are invited to an Open House at the new offices of the MGH Beacon Hill Primary Care and Geriatrics practices Monday, Oct. 23, from 4 to 6 pm, at 100 Charles River Plaza, fifth floor. For more information, call 6-4900.

Employee exercise program

The fall schedule of exercise classes is available by calling Susan Loomis, Employee Health, at 6-2240; Rebecca Carney, MGPO, at 6-6990; or Adele Floyd, MGPO, at 4-7912.

Clinical trials for HIV/AIDS

The MGH AIDS Clinical Trials Unit is conducting trials for the treatment of HIV infection and for complications of HIV/AIDS. To refer patients or find out more about these protocols, please call Teri Flynn, Mary Sullivan or Meg White-Guthro at 6-3819.

Run for hospitality

Help raise funds for the Hospitality Program, which provides free or low-cost accommodations for families of hospitalized patients, at "One Fun Run: Hingham for Hospitality" this Saturday. The event, at Wompatuck State Park, features a mile walk at 9 am and a 5K road race at 10 am. Registration is $12 and will be accepted until one hour before each event. For more information, call 482-4338.

CNY food and clothes drive

For the fifth year, employees and staff are encouraged to bring canned goods and warm winter clothing to the CNY receiving dock or mail room up until Dec. 18. The food and clothing will be picked up by the Salvation Army and distributed to those in need. For more information, call Brian Hall at 6-5263.

Music while on hold

Although the MGH Communications Department strives to answer every call quickly, sometimes callers are asked to hold. Now classical music lets holding callers know they are still connected, minimizing hangups and frustration.

Stamps

The postage machine previously located on the ground floor of the WACC is now in the lobby of the Warren Building. Single first-class postage stamps also may be purchased in the General Store.

Fall computer courses

The Training and Organizational Development Office has arranged for MGHers to enroll in a variety of computer courses with Catapult Software Training. Courses include Word, Access, Excel and Powerpoint. The cost per class is $125. Registration forms and course information are available by calling Ed Keegan at Catapult, 737-1286.

"Mind-body-spirit" classes

The MGH Employee Exercise Program and the MGH Mind-Body Medicine Group have issued the fall schedule for "mind-body-spirit" classes for MGH employees. Classes include hatha yoga, tae kwon doe, karate and QiGong. For further information contact Maureen Spencer, MEd, RN, at 4-3076. All classes are held in the Aerobic Studio in the basement of Ruth Sleeper Hall.

Prepare for flu season

The Employee Health Service (EHS) started the annual Flu Vaccination Program Oct. 16. Even during minor flu seasons, employees can become infected and transmit the virus to co-workers and patients. Flu shots are available at the EHS (CLN 382) weekdays on a walk-in basis as follows: Oct. 20, 7:30 am to 4:30 pm; from Oct. 23 to Nov. 20, 7:30 to 9 am, 11:30 am to 1 pm and 3 to 4:15 pm. For more information, call the EHS at 6-2217.

October 27, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES OF THE MASSACHUSETTS GENERAL HOSPITAL

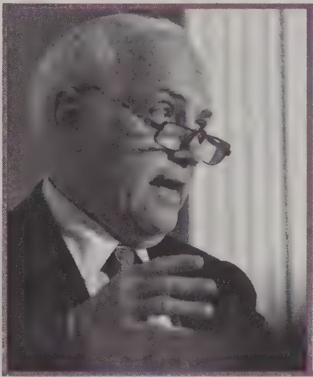
Streamlining physician leadership

Staff Associates merges with the Massachusetts General Physician Organization, General Executive Committee is restructured, MGPO to elect Managed Care Committee members

IN A HISTORIC streamlining of the leadership structure of the MGH, the professional staff of the MGH has voted to unify under the leadership of the Massachusetts General Physicians Organization (MGPO). Following a unanimous vote of the Staff Associates Executive Board and of members at the most recent Staff Associates meeting, Staff Associates will merge with the MGPO.

In addition, the board of the Massachusetts General Physicians Corporation (MGPC) voted unanimously to transfer its remaining responsibilities to the MGPO. Both changes, as well as a recommendation to restructure the General Executive Committee (GEC), were formally approved by the MGH Board of Trustees Oct. 20.

“The physicians can now speak with one voice and work in a more coordinated manner,” says W. Gerald Austen, MD, MGPO president and chief executive officer and MGH surgeon-in-chief. “I am delighted that we are all closing ranks and moving forward together.”



> **“The physicians can now speak with one voice and work in a more coordinated manner.”**
>
> — W. Gerald Austen, MD

“The changes will enable the physicians and the hospital to act promptly and more decisively in response to the many pressures that are steadily increasing in the current turbulent health care environment,” says Dan Ginsburg, chief operating officer of the MGPO. “Sound and timely decisions need to be made quickly and in a more unified way on such issues as pricing, quality standards, funds flow, information and financial systems, and many other matters.”

Richard R. Crater, hospital chief executive officer and executive vice president of The Massachusetts General Hospital corporation, says, “Taken together, these actions rank up there with the affiliation with Brigham and Women’s Hospital and the opening of MGH East in the Charlestown Navy Yard.”

The Staff Associates, com-

(Continued on Page 2)

WACC is now open evenings

ON HALLOWEEN, the WACC will seem a little different. The central elevators will travel from floor to floor until 10 pm, the lights in some clinical laboratories will remain on into the evening, x-ray machines will capture images long past the dinner hour, and the gates to the circular drive will be propped open.

The differences mark the start of a pilot program to extend the WACC’s hours of operation until 9 pm Tuesdays, Wednesdays and Thursdays. Offering patients greater flexi-

(Continued on Page 3)

DEPARTING from the tradition of dining with colleagues in the WACC Lobby, which is housing the temporary Hard Hat Cafe, nearly 400 MGHers attended the annual Ether Day Dinner at the Sheraton Hotel in Boston to honor MGH employees celebrating 20 or more years of service. Among the celebrants were, *from left:* Venrice Burgher, who retired from the Dietetics Department in 1993; Jane Griffin, RN, MEd, Same Day Surgical Care Unit, who received her 25th anniversary pin; Judy Newell, RN, MSN, Surgical Nursing Service; and Arnold Millington, Health Information Management, who celebrated his 25th year with MGH.

— Streamlining physician leadership

(Continued from Page 1)
prised of all physicians appointed to the active clinical staff, has traditionally been the primary association for MGH physicians and a major collaborator with the hospital in its efforts to provide accessible, comprehensive and high-quality medical care. The organization has also served as a forum for discussion of problems concerning the clinical staff.

"In many ways, Staff Associates has been the conscience of this institution," says Nina Tolkoff-Rubin, MD, chairperson of the Staff Associates' Executive Board. "Staff Associates has served for 41 years as an essential means of communication between the hospital administration and physicians."

The MGPC has historically been the organization empowered to enact managed care contracts for the physicians. This function was transferred to the MGPO last year. The MGPC also has administered the election process for the five primary care physicians and five specialists on the MGPO Managed Care Committee.

Now all these functions, previously carried out by Staff Associates and the MGPC, will be performed by the MGPO.

"The MGPO, through the leadership of Dr. Austen, has played a major role in building trust among MGH physicians," says Peter Slavin, MD, senior vice president and chief medical officer. "These actions underscore the commitment of all MGH physicians to work together for the common good of our community and the patients we serve."

The MGH Board of Trustees also voted to change the composition of the GEC, the senior advisory body of the General Hospital. As noted when the restructuring plan was reported in the May 5 issue of *Hotline*, the GEC had grown in size and complexity, making it increasingly difficult for the committee to discuss key issues and arrive at decisions. The new and streamlined GEC includes full representation from the MGPO and incorporates input from the Executive Committee on Teaching (ECOT) and the Executive Committee on Research (ECOR). The minimum number of chiefs on the new GEC is six. If that number falls below six, the Chiefs' Council is now empowered to appoint up to two additional chiefs. Thus the GEC can range from 16 to 18 members.

"These developments represent an enormous expression of confidence among the physicians, the MGPO and the institutional leadership," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System. "We now have a structure in place that will interactively support the joint interests of the MGPO and the administration in providing the best patient care possible, which is, after all, what we are all about." ●

The new GEC structure

- Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, Inc.
- two CEOs (W. Gerald Austen, MD, CEO of the MGPO; and Richard R. Crater, CEO of the General Hospital);
- four to six chiefs appointed by the Chiefs' Council;
- two General Hospital executives;
- three new categories of membership — the chair of ECOR, the chair of ECOT, and one additional member of the research community appointed by Thier; and
- four members of the active medical staff who will be drawn from the elected primary care physician and specialist members of the MGPO Executive Committee.

GEC standing committees

- the Chiefs' Council, chaired by W. Gerald Austen, MD;
- ECOR, chaired by Gerald Fischbach, MD, chief of Neurobiology and director of the Neuroscience Center;
- ECOT, chaired by W. Scott McDougal, MD, chief of Urology;
- the Administrative Council, chaired by Richard R. Crater, which oversees various administrative policies and issues;
- the Health Professions Staff Committee, chaired by Andrew Guccione, PhD, PT, director of Physical Therapy, which includes nurses, physicial therapists and other nonphysician providers; and
- the Medical Policy Committee, chaired by James Richter, MD, which deals with a range of quality and utilization issues.

Partners Progress

Medical director of Partners network is named

Thomas H. Lee, Jr., MD, has been appointed medical director of Partners Community HealthCare, Inc. (PCHI), the network of Partners HealthCare System. In this new capacity Lee will coordinate medical management activities among the more than 500 primary care physicians in eastern Massachusetts who comprise the PCHI network. Lee assumes his new role full-time Dec. 1.

Lee, who has served as director of the Department of Quality Measurement and Improvement at BWH, has been interim medical co-director at PCHI, a role he shared with Peter Slavin, MD, senior vice president and chief medical officer at the MGH.

"Working with PCHI over these past few months has been a very positive experience for me," says Lee [illegible] was an important way for me to be introduced to PCHI's community practice groups and to the MGH Physician Organization."

Ellen M. Zane, PCHI's chief executive officer, says that PCHI's medical direction is integral to its success. "Dr. Lee has superb skills and abilities to lead our medical management as we build one of the foremost integrated delivery systems."

"Dr. Lee has superb skills and abilities to lead our medical management as we build one of the foremost integrated delivery systems."

— Ellen Zane

Lee is a graduate of Harvard College, received his medical degree from Cornell University Medical College and holds a master's in epidemiology from the Harvard School of Public Health. He was an intern and resident in internal medicine at BWH. In addition, Lee has received numerous professional awards and honors, including Clinical Investigator Award from the National Heart, Lung and Blood Institute, an Established Investigator Award from the American Heart Association [illegible] election to the American Society for Clinical Investigation.

Lee's research has focused on cost-effective care management in cardiovascular disease, development and dissemination of optimal management strategies and quality of care. Among other activities he is also the editor of *The Harvard Heart Letter.*

Lee's responsibilities as PCHI medical director will include making sure that practices within PCHI are delivering high-quality care efficiently. "Efficiency is part of quality," says Lee, "so the goals of quality and efficiency are not really in conflict. We should be focusing on matching patients' needs with resources."

PCHI should serve as a "learning center" for the network, Lee says. And it should have clear initiatives, including bringing new information, such as practice guidelines, to primary care physicians in group practice; developing an infrastructure to translate new information into day-to-day practice; and special programs to help PCHI physicians achieve even higher quality care. ●

Physicians Health Alliance joins PCHI

Physicians Health Alliance — a group of 25 primary care physicians with offices in Taunton, Abington, Brockton, West Bridgewater, Holbrook, Norwell, Carver and Whitman — has joined PCHI. Other affiliations with PCHI to date include Brigham and Women's Physician-Hospital Organization, Cape Ann Medical Center, Cape Ann Pediatricians, Charles River Medical Associates, General Medical Associates, Hawthorn Medical Associates, Melrose-Wakefield/Metro North Healthcare Alliance, Massachusetts General Physicians Organization, Patriot Pediatrics and North Shore Health System.

— WACC is now open evenings

(Continued from Page 1)
bility in scheduling appointments is part of an ongoing effort to make the WACC, along with other hospital services, more patient-focused.

Michael Jellinek, MD, senior vice president for Ambulatory Services, says: "In extending the Wang Ambulatory Care Center hours, our goal is to encourage physicians to expand their hours of practice in response to our patients' wishes for more convenient access. In a few months we will take a look at patient and clinician response to the change, [illegible] any necessary modifications and, we hope, expand the hours of operations further."

During the extended hours, many ancillary services available during normal business hours — such as general radiology, laboratory and EKG services — will remain open until 9 pm. The cafeteria will be open until 8 pm, and the central elevator bank will operate until 10 pm.

According to G. Sherry Haydock, MD, practice committee chairperson for Internal Medicine Associates, the largest primary-care group practice in the WACC: "There's a real need for extended hours because of the change in patient needs. For instance, very often both spouses work, and require more flexible services for family care."

While some WACC physicians have been seeing patients before and after traditional hours, they have done so without the benefit of needed laboratory and x-ray services and despite the inconvenience of locked building entrances and shut-down elevators. One such physician — Ronald Benz, MD, of the Children's Service, whose office is on WACC 7 — says: "I've been scheduling patients for off-hours for some time now, and I know they want and need more flexible hours. By opening the whole building and improving access to resources, the hospital enables me and my colleagues to offer scheduling flexibility and full services to our patients."

Other efforts to make the WACC more patient-focused have included repainting the inside of the building, creating more curb cuts around the building for easier access by wheelchairs and strollers, and conducting outpatient satisfaction surveys.

Cinicians from other hospital buildings who are interested in using space in the WACC for off-hours practice can contact Marianne Nugent, WACC building coordinator, at 6-7713 or by e-mail at NUGENTM. ●

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WHAT'S HAPPENING

AMMP seminar series

The Alliance of MGH Minority Professions is sponsoring a series of professional development seminars. The first meeting, Nov. 20 from 3:30 to 6 pm in the Wellman Conference Room, will feature Dennis Colling, Partners vice president for Human Resources and Organizational Effectiveness, who will discuss corporate reality, and Barbara Holland, director of Diversity at the MGH, who will talk about how to manage diversity. The seminar is open to all employees of the MGH and its affiliates. Please call 6-7672 by Nov. 10 to register.

Warren Library book sale

The Warren Library book sale will be held Thursday, Nov. 2, from 10 am to 4 pm in the Warren Lobby. Donations of books, magazines and paperbacks for both the library and the book sale will be accepted at the library, located in the Bulfinch basement. For more information please call Nancy Kessner at 6-2253

MGH adds color to recycling

The MGH recycling program is expanding. Containers for recycling newspapers as well as colored, glossy and other types of nonwhite paper will be located throughout the hospital along with the current white paper recycling bins. The bins, purchased with the proceeds of the sale of recycled white paper from the hospital, are also available in limited quantities to individual MGH offices. Listed below are the types of paper that can be recycled — with or without staples. For more information about the recycling program or to request a container, call Environmental Services at 6-2445.

White paper:

- photocopier, laser printer
- typing
- letterhead
- computer printouts including green-bar
- *MGH Hotline*
- envelopes with and without windows
- adhesive labels
- fax paper

Other paper:

- newspapers
- colored paper
- magazines
- catalogs and other glossy publications
- paperback and hardcover books
- any color file folders
- Post-it notes

MGH Hotline
is published weekly by the
MGH Development and
Public Affairs Office

Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE;
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

Such a deal!

Savings at many businesses in communities near the hospital — including Charlestown, Chelsea and Revere — are available to MGH employees through the Corporate Savings Card. Cards can be picked up, along with information about available discounts, at Personnel Records, fifth floor, 101 Merrimac St.; Warren Library, Bulfinch basement; and CNY Police and Security, East Lobby of Building 149. Also available at the same locations are discount movie passes and discount coupons for Disney World and Busch Gardens. For more information, call 6-2212.

CNY food and clothing drive

For the fifth year, MGH employees and staff are collecting canned goods and warm winter clothing for distribution by the Salvation Army to those in need. Donations may be brought to the CNY receiving dock or mail room until Dec. 18. For more information, call Brian Hall at 6-5263.

Race for your heart

The 18th annual Doctors and Friends Run to benefit the American Heart Association (AHA) will be held Nov. 19. The 5.2-mile race along the Charles River will begin at the Hyatt Regency Hotel in Cambridge and is expected to attract physicans, health professionals and medical students from all over Massachusetts. This event raises both money and awareness for the AHA's cardiovascular research, public and professional education and community service programs. For more information on the race or to register, contact the AHA at (508) 620-1700 ext. 3145.

Real Time Census pilot to begin next week

Starting Monday, Oct. 30, a Real Time Census project pilot will begin on White 7, Ellison 10, 14, 16 and 17, the Respiratory Intensive Care Unit, the Gray Surgical Intensive Care Unit, the Surgical Day Care Unit, as well as the Pharmacy, Dietetics, and Environmantal Services. One of 14 Strategic Planning short-term action steps, the Real Time Census project will enable those with access to pinpoint patients' locations by typing a few quick computer commands.

Census information available in real time is made possible by granting on-line access to PATCOM, the hospital's computerized admitting system, to caregivers and support staff on the pilot sites. Admissions, discharges, transfers and other patient care events that require patients to change location for an hour or more will be entered directly into the system by unit support staff. In addition, Communications, Dietetics, Environmental Services and Pharmacy will have on-line access to census information.

The project will be evaluated throughout the pilot by the project's development team, comprised of representatives from Admitting, Fiscal Affairs, Information Resources and Nursing, who will decide how quickly the system can be implemented throughout the MGH. They expect to make it available to appropriate employees and staff hospitalwide starting in mid-January.

Questions regarding this pilot should be directed to Jerry Van Nostrand of Admitting Services at 6-1628 or Peggy Shaw of Nursing Information Systems at 6-9285. ●

November 3, 1995

MGH**HOTLINE**

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

New OB program brings the hospital to the home

FOR MONTHS Massachusetts legislators — like those in other states — have debated the length of stay and follow-up care necessary for maternity patients, and it is likely that the local outcome will be determined soon, as a bill awaits Gov. Weld's signature. The proposed legislation, which passed through the state House of Representatives last week, would require insurance companies and health maintenance organizations to pay for a two-day stay after vaginal deliveries and a four-day stay after Cæsarean births. The bill also requires coverage for a home visit by a licensed health care worker for women who, with the permission of their caregiver, choose early discharge.

Regardless of the legislative outcome, the MGH already has implemented an Obstetrical Home Visitation Program, run by the department of Obstetrical Nursing, the only hospital-based program of its kind in Boston.

"By providing additional education and health care to new mothers and infants in the home, the program picks up where the hospital leaves off," explains Diane Lauer, RN, Home Visitation Program coordinator. "Our goal is to improve the overall health of our patients by extending the continuum of care, lower costs by addressing potential problems in their early stages, and answer many of the questions and concerns that new moms have after they leave the hospital and begin caring for their newborns themselves."

Just three days after she gave birth to her first child, Kathleen Gillis, 29, of Arlington, welcomed the visit from Marianne Pastore, RNC, an inpatient perinatal nurse with additional home care skills. "I made a mental list of what to

(Continued on Page 3)

Bald is beautiful

"**WHEN MY OLDEST SON, MICHAEL,** was going through chemotherapy and started losing his hair, I made a poster of famous bald people and hung it up in our kitchen," says Lynn Yeslow-Finn, *left.* Based on that idea, Yeslow-Finn and Cindy Campbell, *right,* MGH bone marrow transplant coordinator, have developed a poster featuring such luminaries as athletes Charles Barkley, Xavier McDaniel and Mo Vaughn, actors Sigourney Weaver and Louis Gossett, Jr., rock star Michael Stipe, and Tom and Ray Magliozzi of the radio show "Car Talk" to depict baldness in a positive way.

Says Campbell, "We created the poster and are holding a benefit to raise funds for the Bone Marrow Transplant Donor Search Fund and increase awareness of the need for donors." Yeslow-Finn and Campbell note that early support from the Friends of the MGH Cancer Center was critical because it demonstrated the Friends' belief in the project and provided funds for the first printing of the poster. Yeslow-Finn says she believes the poster may help others by injecting a sense of humor into a serious situation, much the way it did for her family.

"Like any family that goes through a diagnosis like cancer, there are a lot of adjustments," says Yeslow-Finn, who describes her son as healthy and happy now. "At the beginning you adjust to fighting the cancer, and there may not be outward signs of the illness. When you think you've adjusted, then the patient's hair falls out and you all are faced with another moment of having to deal with reality, fears and uncertainties. The poster in our kitchen helped us cope by making us see the humor and absurdity of the situation."

A "Bald is Beautiful" ball, Nov. 10, 7:30 pm to midnight, at the Hyatt Regency in Cambridge, will benefit the donor search fund. Tickets are $50 in advance from Campbell at 4-1127. The poster will be available for $15 beginning next week from Campbell or by calling (800) 247-4878.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Design team updates

OPERATIONS IMPROVEMENT (OI) design teams are creating plans to meet specific quality, service and cost-reduction targets. Design teams will submit proposals to the OI Steering Committee by Dec. 31. In the interim, Hotline will follow team progress beginning with today's updates on the Musculoskeletal and Cancer Care design teams.

EDWIN WYMAN, MD, orthopædic surgeon and Musculoskeletal Design Team leader, reports that most MGH orthopædists and other clinical and nonclinical orthopædic staff members joined the OI effort as participants of this team. "We started by brainstorming and prioritizing specific proposals," says Wyman. "We've also translated some of the available orthopædic surgical case volume and cost data into a format that focuses on specific patient groupings, making the information more accessible and easier to use."

The team has formed 10 clinical work groups that are examining ways to improve the quality and reduce the cost of foot, hip, knee, pediatric, rheumatological, spinal, sports, trauma, tumor and upper-extremity care.

BRUCE CHABNER, MD, chief of Hematology/Oncology and leader of the Cancer Care Design Team, says his team is working with Pharmacy on developing standard drug protocols for chemotherapy patients to optimize quality of care and cost savings. The team also is considering ways to provide more chemotherapy and related treatment on an outpatient basis.

"Fever and neutropenia [low white blood cell count] — two common side effects of chemotherapy — currently are handled case by case," says Chabner. "We'd like to develop a more effective, streamlined process of care for treating these common problems, possibly in the outpatient setting."

WHAT'S HAPPENING

Open enrollment season

The annual benefits open enrollment period begins today. Employees will receive at home a personalized enrollment statement detailing their current benefit status. Changes to current choices or enrollment in a reimbursement account can be made on the automated Teleflex enrollment system by dialing (800) 861-0123, access code 01182. The system will be available 24 hours a day through Nov. 17. Benefit costs will not increase this year. Open meetings will be held for employees who have questions or would like more information about benefit options. The meeting schedule is:

Main Campus	
Lower Amphitheatre, Clinics 1	
Tuesday, Nov. 7	5 pm
Thursday, Nov. 9	10 am
Friday, Nov. 10	12 noon
Monday, Nov. 13	2 pm
Wednesday, Nov. 15	7 am
Thursday, Nov. 16	10 am
MGH East	
Seventh Floor Auditorium	
Wednesday, Nov. 8	3 pm
Tuesday, Nov. 14	12 noon

MGH readies for annual United Way campaign

EACH DAY, employees and staff at the MGH extend their care and compassion to thousands of patients and families who are coping with illness and injury. And through contributions to the United Way, the caring of the MGH community reaches far beyond the hospital, touching millions of lives across the state.

This year's MGH United Way campaign, with its theme "Unlock the Potential," kicks off Nov. 13. Employees and staff will receive information about the United Way along with pledge cards in their paychecks that week. As in previous years, contributions can be made through payroll deduction or one-time donation.

Each donation is important, says Mary Lahey, director of Health Information Management and chair of this year's MGH United Way campaign. "Even small contributions help fill important needs — like buying diapers for teenage mother[illegible] providing food for homeless women and their children, or supporting home-health visits for the elderly."

To raise awareness of the United Way drive and encourage employees to consider donating to the fund, special treats will be delivered to MGH employees Nov. 15. In addition, those who contribute to the United Way during the campaign will be eligible for a drawing for special prizes, such as a personal computer and a round of golf for four at a local country club. Other prizes include sports tickets, free parking and gift certificates for local stores and restaurants. The drawing will be held in mid-December.

For additional informat[illegible] about this year's campaign, contact Lahey at 6-2465. ●

UNITED WAY
OF MASSACHUSETTS BAY

Infection control training
Infection control training must be completed and documented by Dec. 31. Training falls into three areas: blood-borne pathogens, tuberculosis and precautions. To find out about training options, call the Infection Control Unit at 6-2036.

Understand the web
The Treadwell Library is offering an introduction to the World Wide Web. The 50-minute course will cover connecting and conducting searches and will be offered eight times in November. For information or to register, call 6-8600.

Mentoring excellence
Harvard Medical School's Office of Faculty Development and Diversity will hold "Excellence in Mentoring" Nov. 16, 4 to 6 pm in the Carl Walter Amphitheater, 260 Longwood Ave., second floor. To register, call 432-1037.

Christmas cards available
Christmas cards produced from drawings by MGH pediatric patients are now on sale at the MGH General Store and Flower Shop. The cards come in boxes of 12 for $10 and feature four different designs. Proceeds will benefit the MGH Children's Service.

MGHers are invited to attend an open house to celebrate the completion of the new MGH auditorium on Blake 1 Nov. 16 from 2 to 4 pm. Watch for details in next week's *Hotline*.

— *New OB program brings the hospital to the home*

(continued from Page 1)

ask her before she arrived," says Gillis. "Breastfeeding was a big issue for me. It was reassuring to know that Marianne would be here within a few days to see if I was doing it right and if Kathryn [illegible]s getting enough milk."

Women are eligible for the program, which began in August, if they have delivered vaginally or by Cæsarean section at the MGH, have been discharged with their infants after the standard hospital stay and live within Route 495. Most patients require only one visit, although additional visits can be arranged if necessary. Initial home visits usually last approximately 90 minutes and are conducted by an experienced perinatal nurse with extra training in home care. When possible, the nurse will be one of those who cared for the mother in the hospital. "We want the nurse to be a familiar face to the patient — one who knows a bit about her special issues and needs," Lauer says.

A typical home visit consists of physical evaluations of the mother and baby, including the vital signs, weight and measurements of the [illegible]ant, as well as assistance with feeding difficulties, role adjustments and any other specific concerns the family might have.

According to Pastore, the in-home visit offers a special opportunity for patients and nurses. "We are able to interact one-on-one with the patient in a familiar setting and assess all aspects of care, including family and environmental issues."

For Gillis that assessment led to her adjusting where she changes the baby. She explains: "When Marianne saw the setup of my home and how I was performing some of the typical chores of caring for Kathryn, she was able to offer simple suggestions about how to arrange the room more conveniently. Her visit has made my life a lot easier."

The Obstetrical Home Visitation Program is affiliated with the MGH/Spaulding Home Health Agency, allowing it to seek insurance reimbursement when appropriate. Lauer expects to coordinate approximately 720 visits this year. ●

From left, John Gillis, Marianne Pastore, RNC, Kathleen Gillis and Kathryn.

IN GENERAL

Thomas S. Durant, MD, MGH assistant general director, will be honored next week for his humanitarian activities by the Hospitality Committee for United Nations Delegations. For almost 30 years Durant has traveled to war-torn areas around the world bringing medical assistance to refugees, primarily as part of the American Refugee Committee. The Humanitarian Award will be presented in New York at a Nov. 8 ball held in commemoration of the 50th Anniversary of the United Nations.

J. Andrew Billings, MD, of Medicine, recently received a three-year, $214,500 fellowship grant from the Open Society Institute's Project on Death in America to fund the development of a comprehensive hospital-based end-of-life care service at the MGH. Billings' project is aimed at improving care at the end of life, including effective pain control and other comfort measures, care in the home and psychosocial support. The service is being created in collaboration with community hospice programs.

Network broadcasters

ADMINISTRATIVE AND CLINICAL LEADERS gathered Oct. 27 on the Blake Building's unfinished eighth floor to hear about important developments at the hospital, the Massachusetts General Physicians Organization (MGPO), Partners HealthCare System and its network Partners Community HealthCare, Inc. (PCHI). The event — the first MGH Leadership Meeting — was designed to provide leaders with updated information to pass on to employees and staff. "This first in an ongoing series of Leadership Meetings was intended to bring people up to speed," says Richard R. Crater, hospital chief executive officer and executive vice president of The Massachusetts General Hospital corporation. "In the future we expect to explore key issues in more depth."

Clockwise from top:
Ellen Zane;
Debra Weinstein, MD, and
W. Scott McDougal, MD;
Richard R. Crater

The agenda included presentations and discussion with Crater; Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners; W. Gerald Austen, MD, MGPO president and chief executive officer and MGH surgeon-in-chief; and Ellen Zane, CEO of PCHI.

Participants also took part in 12 small-group sessions focused on specific topics, including Strategic Planning, Operations Improvement, information systems, pay for performance, PCHI network development, Partners cost reduction, primary and ambulatory care and clinical consolidation.

Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Care Services and chief nurse executive, says participants from Patient Care Services divided up to cover every break-out session. "It was really helpful for us to share ideas with people from all different departments and then bring what we learned from all these discussions back to our team for further dialogue," says Weissman.

Crater says that with so many changes occurring in health care, at the MGH and in the evolving Partners network in particular, ongoing communication is essential. "Employees and staff," he says, "should be able to look to their leaders for accurate, timely information."

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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE;
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

PARTNERS PROGRESS

Fellowship established

Partners recently established The Donaldson Fellowship in Health Care Leadership and Quality Improvement, a tribute to the late David M. Donaldson, a partner in the law firm of Ropes & Gray, who was instrumental in the formation of Partners.

The fellowship will provide opportunities for the recipient to take a leadership role in defining, designing and implementing quality improvements in the delivery of health care in communities. Full- or part-time support for up to one year will be provided to an individual interested in the development of creative solutions to improve the health care delivery system. The work of the recipient will be under the guidance of senior staff at Partners. Rebecca Cohen at Partners, who can be reached at 278-1045, can provide more details.

November 10, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

In on the ground floor

New auditorium will enhance knowledge sharing

On Nov. 16, medical grand rounds will be held for the first time in a new 210-seat auditorium, now under construction on Blake 1. The new facility will be the first real auditorium the MGH has had since the demolition of the Moseley Building in the early 1970s.

"This auditorium will enhance many aspects of life here at the MGH," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System. "In this new age of instant communication, a major teaching hospital cannot afford to be without a setting where people can meet, teach and share knowledge."

To be sure, the MGH does have meeting spaces — the Bigelow Amphitheatre, the Walcott Rooms, the Wellman Conference Room, the Burr Conference Rooms and of course, the Ether Dome — but they are neither well-equipped nor comfortable for large groups. For symposia, conferences and other large meetings, the MGH has often had to rely on the availability of the Shriners Burns Institute Auditorium or the MEEI auditorium. But the Shriners facility will close in mid-November and will not reopen until 1998.

So the opening of the new facility comes at a particularly favorable time. The auditorium will seat about 210 people in a softly lit and intimate space nestled between the General Store and Flower Shop and the Cox Building.

Entrance to the auditorium will be through a long hallway extending diagonally from the Cox Lobby to the main corridor near the crossroads of the Gray Building. One wall of the hallway is also

(Continued on Page 2)

All MGHers will have the opportunity to view the new auditorium on Blake 1 at an open house Nov. 16 from 2 to 4 pm. A brief presentation at 3 pm will provide details about the auditorium and the Ground Floor construction plan. The auditorium can be accessed through the new hallway connecting the Cox Lobby to the main corridor near the General Store and Flower Shop.

Mother and Child Center turns 1 year old

It was just a year ago this month that the MGH Vincent Obstetrics Program came to life with the opening of the Mother and Child Center on Blake 13 and 14. According to Fredric D. Frigoletto Jr., MD, chief of the Vincent Obstetrics Division, this past year has been full of achievement, progress, excitement and collaboration — not just within the center, but throughout the entire hospital.

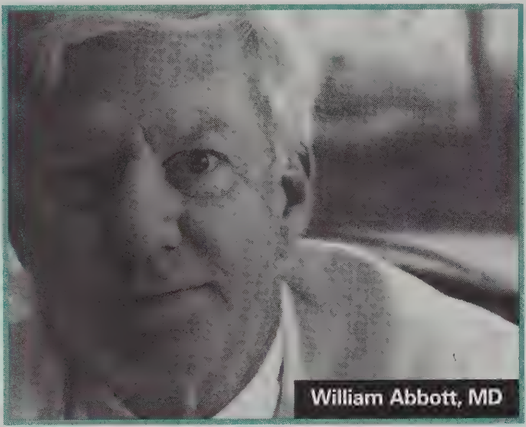
"The presence of obstetrics within the hospital has a ripple effect on other services," explains Frigoletto. "Obstetrics is not simply babies and moms, but children and families, youth and women, primary care and wellness. From the MGH health centers to the valet parking service, virtually everyone at the MGH has contributed in some way to our success."

(Continued on Page 3)

"Dr. [Robert] Blatman [Vincent Memorial Obstetrics and Gynecology Service] was really great," says MGHer Elisa Roche. "I was in labor for 23 hours and finally had a C-section around 2 am. Although he was not on call that night, he stayed with me the entire time."

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.



William Abbott, MD

Design teams are creating plans to meet specific quality, service and cost-reduction targets. Today's update on the Vascular Care Design Team is part of *Hotline's* ongoing coverage of OI team progress.

William Abbott, MD, chief of Vascular Surgery and leader of the Vascular Care Design Team, says his team is looking at opportunities to avoid unnecessary inpatient days and readmissions by providing vascular patients with home care. Under one proposal the team is considering, inpatient nurses would make home visits to monitor the recovery of patients who have been treated for lower extremity peripheral arterial disease.

One work group is identifying ways to track clinical outcomes on an ongoing basis. Other work groups are developing guidelines for diagnostic evaluations, pre- and post-operative outpatient care, surgical procedures and lengths of stay for specific patient groupings.

— *New auditorium*

(Continued from Page 1)

the back wall of the auditorium and will be built with translucent glass blocks. The wall will provide a subtle light, even when the houselights are down, so that notes can always be taken. The chairs, equipped with tablets for notes or laptops, will be arranged with side aisles and a central aisle, making it easy for people heeding the call of a beeper to exit with minimal disruption.

The auditorium will be equipped to handle overhead, slide and video projection, which can be controlled from a central position or from a control booth on one side of the auditorium. The stage will be at floor level, and will be well equipped with x-ray viewing boxes, a marker board and projection screen, all of which can be available for use at the same time.

In the future, the facility will also be equipped for teleconferencing, and the first row of seats in front of the stage will be removable to accommodate wheelchairs or a table for panel discussions.

MGHers will have the opportunity to view the new auditorium at an open house on Nov. 16 from 2 to 4 pm. ●

To reserve the auditorium for grand rounds, lectures or other events, call Monica Middleton, Environmental Services, at 6-2445.

United Way campaign kicks

Minnie is helping three children get off to a good start in life — and she is doing so while battling breast cancer, heart disease and diabetes. Minnie assumed care of her three grandchildren seven years ago after becoming concerned about their neglectful living conditions. She sought help from an agency called Boston Aging Concerns — Young and Old United, which helped her secure appropriate housing for her family. Today Minnie and her thriving grandchildren live in a safe and spacious apartment.

UNITED WAY
OF MASSACHUSETTS BAY

Since 1980 Paul has worked at various jobs he acquired through Harbor Industries and Employment Services, a division of South Shore Association for Retarded Citizens in Weymouth. Currently a cleaner at Au Bon Pain in the South Shore Plaza, Paul has impressed his employer and customers alike with his enthusiasm and commitment to quality.

Each year the United Way of Massachusetts Bay helps thousands of people — people like Minnie and Paul — by supporting an extensive range of community programs. And each fall, the United Way looks to corporations, businesses and organizations throughout the state to raise the funds that enable the continuation of these vital services. The MGH is one such organization that annually supports the United Way.

— Mother and Child Center turns 1 year old

(Continued from Page 1)

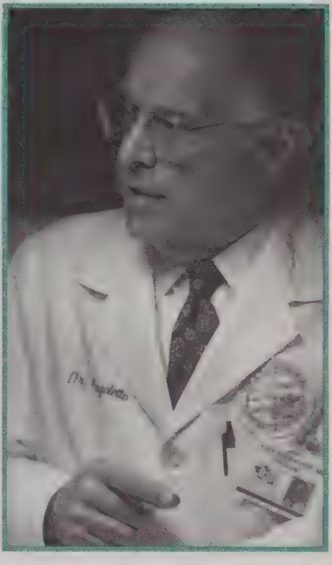
MGHer Elisa Roche is a perfect example. In July 1994, as an associate director of Health Information Management, Roche helped develop the medical records policies and procedures for the obstetrics program. Expecting her own first child at the time, she was glad to know that she would have the opportunity to deliver at the MGH just five months after the service was up and running. Roche's interactions with the obstetrics staff coupled with her experience when she delivered her daughter eventually encouraged her to join the Obstetrics team.

"Although I loved my position in Health Information Management, after I had Elizabeth, my instincts kicked in. I wanted to be with her more. I really wanted part-time work," explains Roche. "I had a wonderful experience when I delivered at the MGH and really got to know the center's staff. It was such a happy environment that I decided I wanted to work there. Luckily there was a part-time position available."

Roche became a patient care information associate at the center four months after her hospital stay. "It's a nice change for me. And I know from being a patient here that all our hard work shows."

Frigoletto notes: "It's difficult to literally create a service from scratch, but after one year, we're right on course with what we anticipated and projected — the year has been a total success. I'm very proud of our team." ●

"I'm very proud of our team."
— Fredric D. Frigoletto Jr., MD



off next week

The hospital also has benefited directly from its participation.

Through the United Way program called "Partners in Caring, Partners in Sharing," hospitals that raise more money one year than in the previous year receive a portion of that increase to support social service needs of patients and families.

"Funds from the Partners in Caring, Partners in Sharing program in the past have paid for temporary lodging and transportation for families," says Evelyn Bonander, MSW, director of Social Service. "These funds have provided food and clothing for patients, and even paid funeral expenses for a family that couldn't afford to bury a loved one. Unrestricted funding is enormously important to our department because it gives us the ability to come through for patients and families who turn to the MGH for help when emergency situations arise."

MGH employees and staff will receive their United Way pledge forms in their paychecks Nov. 16. To encourage donations to this year's fund, special treats will be distributed Nov. 15. In addition, employees and staff who contribute to the campaign will be eligible for a raffle featuring a variety of prizes, from a personal computer to sports tickets to gift certificates. The drawing will be in mid-December.

For additional information about the United Way, contact Mary Lahey, director of Health Information Management and chair of the MGH United Way campaign, at 6-2465. ●

MGH obstetrics statistics

- **863 babies have been delivered — 52 percent boys, 48 percent girls — including 39 sets of twins, five sets of triplets and one set of quadruplets.**
- **The heaviest baby delivered weighed 13 pounds, 2 ounces.**
- **Approximately 35 employees had babies at the MGH; 35 more are currently registered and will deliver within the next seven months.**
- **The largest volume of deliveries in one day has been eight — which has happened on five separate occasions.**
- **The Mother and Child Center was one of the first areas to be staffed using the new patient care restructuring model.**
- **Thirty-four percent of the mothers who deliver at the MGH received their prenatal care through the MGH health centers.**
- **Boston's first hospital-based Obstetrical Home Visitation Program was developed by Obstetrical Nursing this year to provide follow-up care to mothers and babies (see *Hotline,* Nov. 3).**

November 10, 1995

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MGH HOTLINE

WHAT'S HAPPENING

Holiday shuttle schedule

The MGH shuttle between the Main Campus and CNY will operate on a normal Saturday schedule Nov. 11, Veterans Day. There will be no shuttle service Thursday, Nov. 23 (Thanksgiving). Shuttles will operate on a normal schedule Friday, Nov. 24.

Bald is beautiful

Tonight's "Bald is Beautiful" ball to help raise funds for the Bone Marrow Transplant Donor Search Fund and increase awareness of the need for donors, will be held from 7:30 pm to midnight at the Hyatt Regency in Cambridge. Tickets are $50 at the door. Information and "Bald is Beautiful" posters featuring bald celebrities can be obtained by calling Cindy Campbell at 4-1127.

Great American Smokeout

Quit smoking for the day Nov. 16 as part of the Great American Smokeout. Non-smokers can get involved by adopting a family member, friend or co-worker and offering to help them quit smoking. The MGH Quit Smoking Service can provide carbon monoxide testing, educational materials and information about quitting for good. For more information, stop by the information table in the Gray Lobby, Nov. 16, 10:30 am to 1:30 pm or call 6-7443.

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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE;
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

Pituitary Awareness Day

Larry Katznelson, MD, and the Neuroendocrine Unit of MGH hosted the first New England Pituitary Awareness Day Oct. 20. More than 100 patients with acromegaly, Cushing's disease, prolactinomas and other pituitary disorders attended a day of educational seminars and forums for support group activities. The response was so enthusiastic, says Katznelson, that similar events will be planned in the future.

Enhanced clinical workstations

Information Resources and Nursing Information Systems added new features to the clinical workstations on patient care units last month. Among the new features: a patient registration and management system; a case management application; toxicology, drug and acute care databases; a physician referral database; and new printing options.

Canned food and warm clothes drive at CNY

As winter approaches, the need for warm clothing and food is increasing. For the fifth year, MGHers are encouraged to bring canned goods and warm winter clothing to the CNY receiving dock or mail room until Dec. 18. Items will be distributed by the Salvation Army to those in need. For information, call Brian Hall at 6-5263.

Cultural Diversity Committee

The Cultural Diversity Committee celebrates cultural diversity among MGH employees, staff and patients, and promotes cultural diversity awareness through education and entertainment. As the committee begins undertaking new activities, its members invite interested MGHers to join them at their next meeting, Nov. 15, 12:30 to 2 pm at Training and Organizational Development, Charles River Plaza, second floor. For information, call Barbara Holland at 6-5741.

Dana Ferguson dies

Dana Ferguson, 35, an MGH employee since April 1984, died Oct. 31. Before his eight-year tenure in the Communications Department, he worked in Medical Records and the Chemistry Lab. A funeral service was held Nov. 4.

PARTNERS PROGRESS

Emerson Hospital joins PCHI

Emerson Hospital and its 145-member physician-hospital organization (PHO) have finalized an affiliation agreement with Partners Community HealthCare, Inc. (PCHI), the network arm of Partners HealthCare System. Located in Concord, Emerson Hospital serves 200,000 residents of 20 towns west and northwest of Boston, caring for 10,000 admissions and providing 108,000 outpatient visits annually.

"We believe the Partners network most closely shares our vision of a strong community-based health care system that recognizes the vital interdependence of the hospital, our primary care physicians and our specialists," says Geoffrey F. Cole, president and CEO of Emerson.

Ellen M. Zane, PCHI CEO, notes that the affiliation with the Emerson physician-hospital organization will strengthen the PCHI network while enhancing the breadth of care available to patients in the west and northwest suburbs.

"We are very excited about our affiliation with PCHI," says Paul D'Ambrosio, MD, a Concord-based internist and president of the Emerson PHO. "Our physicians and Emerson Hospital will now be part of an integrated health care network, ensuring close communication and coordination among physicians and other member hospitals."

Team evaluates tape and dressing materials

In conjunction with the Partners Cost Reduction Task Force (CRTF), a multidisciplinary team of experts from the MGH and BWH has been evaluating dressings and tapes used in patient care at all Partners facilities, with the goal of standardizing and improving the quality of products used. This team, as well as 20 or so more CRTF teams working across the MGH and BWH, works in cooperation with the Operations Improvement and cost-reduction efforts at both hospitals.

To share findings with clinical staff members and gather additional input, the tapes and dressings team will hold a series of product review forums, including a display of selected items. All those who use such products in patient care activities are encouraged to stop by to review the selected products and share comments with members of the team. MGH sessions will be held in the Wellman Conference Room Nov. 27, from 7 am to 7:30 pm, and Dec. 11, from 7 am to 5 pm.

November 17, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

MGH, BWH Human Resources departments to consolidate

IN A PROCESS begun last spring, the MGH and BWH Human Resources departments are consolidating into Partners HR. This latest Partners departmental consolidation has been directed by a steering committee charged with formulating the vision for Partners HR, designing the model for superior human resources service, facilitating the consolidation itself and overseeing benchmarking and cost analysis. Steering committee members are Eileen Burke (BWH), Dennis Colling (Partners), Joanne Crowley Smith (PCHI), Jeff Davis (MGH), George Kaye (BWH), Joan Kuhn (BWH) and Kurt Westerman (MGH).

"Through the new consolidated HR organization," says Dennis Colling, Partners vice president, "we will be establishing Partners as *the* place to work and will put in place a new type of HR team with a new way of communicating, a new set of organizational services and a renewed devotion to Partners core values."

The new Partners HR structure breaks down into four major

(Continued on Page 4)

No-smoking policy expanded

EVERY DAY thousands of patients, visitors, employees and staff pass through the doors of the MGH. First, each must pass by groups of smokers, through a barrier of second-hand smoke. Over the next several months, the hospital will implement a newly expanded smoking policy designed to end this situation.

In conjunction with this week's "Great American Smokeout," the MGH Safety Committee, with approval from the General Executive Committee (GEC), has announced the expansion of the hospital's no-smoking policy. The measure is a first move to restrict outdoor smoking on hospital property and is aimed at promoting health, well-being and comfort. The policy will be phased in during the next several months and ultimately will restrict smoking to one designated outdoor area.

"The MGH is dedicated to promoting and providing quality health care," says Maryanne Spicer, chair of the hospital's Safety Committee, which is overseeing the policy rollout. "Our patients, visitors, staff and employees expect and deserve a healthy environment, inside and outside of our walls. The expanded smoking policy

(Continued on Page 2)

Partners prepares for July leadership transition

THE PARTNERS HEALTHCARE SYSTEM Board of Trustees last week reconfirmed a transition plan for leadership of the organization *(See Hotline, March 21, 1994)*. Previously, it had been agreed that H. Richard Nesson, MD, *right,* Partners chief executive officer, would retire as of July 1, 1996. That date now has been set for Nesson's transition from full-time service at Partners. On July 1, in an exchange of responsibilities, Samuel O. Thier, MD, *left,* who now serves as president of Partners, will become Partners CEO. Nesson, in turn, will become Partners president, serving on a part-time basis. Other leadership positions within the Partners network and Partners entities will be unaffected by this change.

"What we've done is simply put a date on an orderly process that was announced before," says Nesson. "And we've made my wife and family very happy."

Says Thier: "Dick Nesson has made us all very happy by staying on board with us, even on a part-time basis, past July 1 of next year. His continued service with Partners makes it possible for us to work together in a commitment we both share of a vision of the future for Partners and for health care in Massachusetts."

Thier assumed the position of president of The Massachusetts General Hospital — a role he will retain when he becomes Partners CEO — in May 1994, the same time he became president of Partners HealthCare System. Nesson, who was named chief executive officer of Partners HealthCare System at its founding, also serves as president of Brigham and Women's Hospital, a position he has held since 1982 and will continue to hold.

United Way campaign under way

THE 1995 MGH United Way campaign got off to a sweet start this week, with thousands of sugar cookies distributed throughout the hospital to generate support for the annual fund-raising drive.

"Each gift to the United Way, no matter how large or small, supports hundreds of local programs that are helping more than a million people across this state," says Mary Lahey, director of Health Information Management and chair of this year's MGH United Way campaign. "By giving an unrestricted gift, employees support the broad range of United Way programs, or they can direct gifts toward programs that focus on specific issues, such as child health, elderly services, substance abuse prevention or helping the homeless."

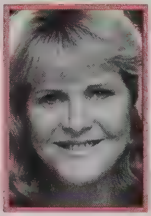
Most MGH employees and staff received United Way pledge forms this week; monthly paid employees will receive pledge forms next week. Contributions to the United Way can be made through payroll deduction or a one-time donation.

Employees who contribute to the fund before Dec. 15 will be eligible for a drawing for prizes that include a personal computer, a round of golf at a country club, a cordless telephone, membership to a health club, free parking and restaurant gift certificates. The drawing will be held the week of Dec. 18.

Completed pledge forms can be dropped in United Way boxes at the White, WACC and CNY information desks, or at Payroll. They also can be mailed to Mary Lahey, United Way chair, Health Information Management, CLN 014. For more information contact Lahey at 6-2465. ●

IN GENERAL

Maureen Spencer, RN, MEd, director of the Infection Control Unit, is also producer of her own cable television show. "Mind-Body Yoga," airs in Rockland and Abington on Harrington Cablevision Channel 63, Wednesdays at 4 pm and again at 8:30 pm. In the show, which began in September, Spencer aims to improve viewers' physical and mental well being. The 12th and final show of the season airs Wednesday. Next year Spencer plans to co-host a talk show about alternative medicine with **Veronica Shaffer, RTR,** of Radiology.



Irvin Blank, PhD, 93, a pioneer in measuring and modeling the transport of molecules through human skin, made enormous contributions to basic and clinical dermatology research throughout his 58-year career at the MGH. Though retired from active research, he will continue to advance knowledge and understanding of the skin through a generous gift to the MGH Cutaneous Biology Research Center (CBRC). He has established the Blank Family Fund in Dermatology Research. The fund will be used to support the Irvin H. Blank Scholar at the CBRC.

Selected for his contributions to the field of radiology, **Joseph F. Simeone, MD,** of Radiology, has been named fellow of the American College of Radiology. Fellowships are awarded to radiology professionals for significant b[illegible] or clinical research or contributions to the field's literature.

— No-smoking policy expanded

(Continued from Page 1)

supports that end."

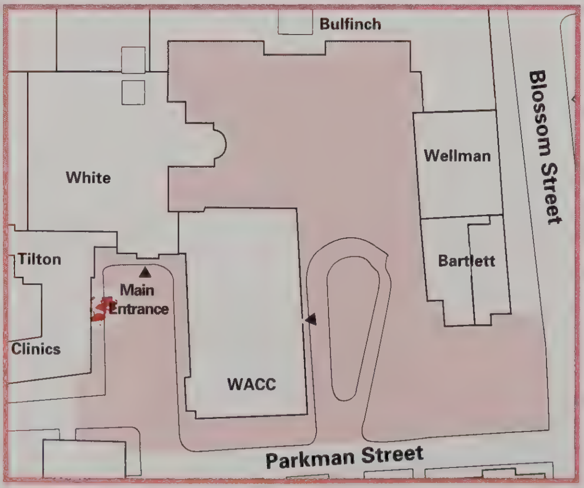
Spicer says that while the policy does not prohibit anyone at the MGH from smoking, it likely will affect the routines of those who choose to do so. "People may be accustomed to smoking in favorite areas, so it might be difficult to change that routine. Understanding this difficulty, the hospital is implementing the policy over time to allow behavioral shifts to occur with minimum stress and maximum support."

For example, Human Resources will help offset the cost of an approved smoking cessation program upon completion by an employee. Although programs and associated costs vary by insurance plan, employees will pay no more than $40 out-of-pocket, with Human Resources paying the remainder. Employees can obtain information about available smoking cessation programs through the Employee Health Service at 6-2217.

Additional information about the policy and designated smoking areas will be distribute[illegible]ing December and reported in *Hotline.* ●

Beginning Jan. 1, 1996, smoking will be prohibited on the front side of the main campus: the Emergency entrance, main entrance, White ramp, and WACC circle area, which includes the perimeters of the WACC, White, Bulfinch and Wellman buildings, Treadwell Library, WACC patio and lawn (shaded area in map). Smoking at CNY Building 149 will be limited to the West Entrance.

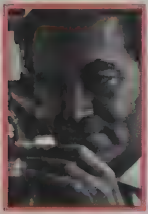
The second phase expected to begin by spring, wi[illegible]ohibit smoking on all hospital grounds, except one designated area to be determined. Possible sites currently are being evaluated.



Barbara Berkman, DSW, LICSW, director of Research and Quality Assessment in Social Services, has been elected president of the Institute for the Advancement of Social Work Research, which represents more than 150,000 social workers in developing research resources.

Charles Haynes, EdD, assistant professor in the MGH Institute of Health Professions Communication Sciences and Disorders Program, recently presented "The State of Learning Disabilities Diagnosis and Remediation in the [illegible]" and "Strategies and Techniques for Developing Oral and Written Language Skills" at a learning disabilities conference in Yokohama, Japan. He also presented "The Learning Disabled Adult's Transition to the Workplace," at an industry-sponsored symposium.

Rakesh K. Jain, PhD, director of the Edwin L. Steele Laboratory for Tumor Biology, was recognized twice in recent months for his work in advancing the understanding of the detection and treatment of solid tumors. In October he was honored as the Biomedical Engineering Society's 1995 Whitaker Distinguished Lecturer. He also received the Distinguished Alumnus Award from the Indian Institute of Technology in Kanpur, [illegible], where he received his bachelor's degree in chemical engineering in 1972.



Operations Improvement Design Team Updates

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

DOUGLAS MATHISEN, MD, chief of Thoracic Surgery and leader of the Thoracic Care Design Team, emphasizes the value of having staff and employees from differing backgrounds on his team. "Members of our team bring a range of knowledge to the table, enabling a remarkable cross-fertilization of ideas," says Mathisen. "A recent discussion about an order for a medicine to treat nausea resulted in input from an anesthesiologist, a nurse and a representative from Pharmacy to change to a better drug that is less costly."

DOUGLAS MATHISEN, MD

The team is designing care pathways — standard protocols comprising the "best" clinical practices — for several homogeneous groups of patients. For a pathway to improve the outcome and reduce the cost of care, Mathisen says, communication with staff, employees and patients is important. The team currently is developing educational material for pre-operative patients and, in collaboration with nursing staff, is creating a program to put patients' primary nurses in touch with them before admission and following discharge.

MARY RIFFE, leader of OI Program Support and the General Support Services Design Team, reports that her team is on track for finding ways to meet its $20.7 million cost-reduction target — almost one-third of current operating expenses for general support services.

MARY RIFFE

One savings opportunity the team has identified is more efficient use of space. "The MGH — spread over 4.6 million square feet — is substantially larger than any academic and community hospital in the OI comparison group," says Riffe. "The cost of operating and supporting facilities across such an enormous physical space puts the MGH at a competitive disadvantage." The team is working with Lee Webb, Partners vice president for Real Estate and Facilities, to align its plans with Partners long-term strategy. Other possibilities include redesigning general support services at the MGH, hiring contractors to deliver some services and consolidating areas within the Partners system.

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WHAT'S HAPPENING

Groër to be inaugurated as IHP president today

A ceremony will be held today at McLean Hospital in Belmont to officially inaugurate Maureen Groër, RN, PhD, as president of the MGH Institute of Health Professions. Before being named president last July, Groër served as interim president for a year. Look for more information on the inauguration in an upcoming *Hotline.*

Mind-Body Medicine Group

The MGH Mind-Body Medicine Group is hosting two upcoming events. Along with the Radiology Department, the group will host a one-day educational program, "A Day of Relaxation for the Mind, Body and Spirit," Dec. 2 from 9 am to 4 pm. The program will include: guided imagery, effects of stress on the mind and body, nutritional supplements (herbs, minerals, vitamins), simple yoga, introduction to alternative therapies, human energy healing and spirituality in health and healing. Open to MGH employees, the program is limited to 20 participants. Advanced registration is available by calling Karen DeCharles-Vadal at 6-8390 or Gail Mitton at 4-3076. CEUs will be offered.

"The Gift of Touch Holiday Special" will examine healing modalities — including a review of human energy concepts (chi, qi, ki, prana, etc.), research findings related to energy healing techniques (therapeutic touch, reiki, polarity) and a demonstration — Dec. 14, 4 to 5:15 pm, Wellman 1 Conference Room. The program is free and open to MGH employees, staff, patients and visitors. For more information, call Maureen Spencer, RN, MEd, at 6-2036 or Gail Mitton at 4-3076.

MGH Hotline
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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE; or
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

Proton piles

Pile driving has begun for the Northeast Proton Therapy Center, which will be located in the former Charles Street Jail parking lot. The pile-driving phase of construction will extend into February 1996. Three hundred and twenty 90-foot-long piles will be driven at the rate of six a day, between 7 am and 3 pm. To reduce vibration, the first 50 feet of most piles will be augered and the pile will be dropped into the hole and driven the remaining distance. However, 70 piles cannot be augered and must be driven in the entire distance. Seismic monitors have been located in adjacent MGH and MEEI buildings, and specific vibration tolerances set for this activity. Those with concerns about the pile driving may contact one of the following people for more information: Stan Durlacher, MGH project manager, at 4-1180; Henry Weber, Bechtel project manager, at 4-3526; Paul McInnes, Bechtel on-site project manager, at 973-5485; or John Messervy, MGH Planning and Construction, at 6-8616.

Nursing QRD on the move

Nursing Quality, Research and Development has moved to Founders 647. The main number is 6-3111.

AIDS volunteers needed

The AIDS Action Committee of Massachusetts is recruiting volunteers to help it meet the growing demand for AIDS-related services, education, advocacy and outreach. For more information, please contact Sarah Burrows of the AIDS Action Committee at 450-1235.

MGH Ski Club

Trips have been planned, transportation arranged and hotels booked. The MGH Ski Club's 1995-96 winter schedule of day, weekend and weeklong trips is set, and copies are available by calling Lyman Garniss at 6-9314.

OR nursing teleseminar

The Association of Operating Room Nurses is sponsoring a teleseminar, "Reengineering Perioperative Health Care: Challenges and Controversies," Dec. 2, noon to 4 pm. The program will address such issues as unlicensed assistive personnel in the OR and health care in the perioperative environment. Local sites include WCVB Channel 5 in Needham, Simmons College and Worcester Polytechnic Institute. For registration information, call (800) 654-8874.

— MGH, BWH Human Resources departments to consolidate

(Continued from Page 1)

functional areas. Eileen Burke will head Employee Relations/Labor Relations; George Kaye will be in charge of Education, Organizational Development, Diversity and Community Relations; and Kurt Westerman will be in charge of Core Services, such as employment, compensation and benefits. A specialist to head the fourth area, HR Services, is yet to be named.

The new structure will retain strong human resources leadership at each institution. Jeff Davis and Joan Kuhn have been named to head the groups at the MGH and BWH, respectively. Most important, a team of human resource generalists will be posted at each Partners facility to provide needed services for employees and their managers.

In turn, human resource specialists will be available to assist human resource generalists as needed. "This new structure will give us the opportunity for more teamwork, greater access to experts and more front-line generalists," Colling commented.

A job definition process for positions within Partners HR soon will be taking place. What will follow will be an assessment and selection process to match individual competencies, skills, knowledge and abilities with job requirements. Details about further developments within Partners HR will appear in upcoming issues of *Hotline.* ●

November 24, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Samuel Miller to leave the MGH

SAMUEL A. MILLER, MGH senior vice president for Operations and chief information officer, has decided to leave the hospital at the end of the year to pursue other opportunities in the area of information systems.

Miller joined the hospital in March 1994, during the period in which the MGH's affiliation with BWH was being finalized. As efforts to consolidate the various functions across Partners organizations progressed, Miller worked with John Glaser, PhD, vice

(Continued on Page 3)

Auditorium opening day

MEDICAL GRAND ROUNDS marked the Nov. 16 grand opening of the new 210-seat MGH auditorium. An open house that afternoon offered MGHers and visitors the opportunity to view the new facility. Bill Banchiere, director of Environmental Services, *right,* and Monica Middleton, also of Environmental Services, *left,* attended a special presentation in the auditorium held in conjunction with the open house.

Spaulding celebrates 25 years

IN 1965, when access to comprehensive rehabilitation services was available almost exclusively to veterans, Congress passed the Medicare bill. For the first time, benefits were made available to the general population for inpatient rehabilitation. The new law paved the way for the creation of hospitals specializing in rehabilitation, including the MGH's affiliate, Spaulding Rehabilitation Hospital.

Planning for Spaulding (originally called the Massachusetts Rehabilitation Hospital) began in 1967 under the direction of Josiah Spaulding and other civic leaders who anticipated the future demand for rehabilitation services. Upon Spaulding's death in 1983, the hospital was rededicated the Spaulding Rehabilitation Hospital in tribute to its principal founder.

The hospital officially opened in fall 1970, accepting patients for intensive nursing, medical and rehabilitation services and grew dramatically over the years. Now, twenty-five years later, *US News & World Report's* "Best Hospitals" issue lists Spaulding as one of the country's leading rehabilitation hospitals. It is the only New England-based facility of its type to earn such a distinction.

"Since opening our doors, Spaulding has helped improve the lives of thousands of patients," says Manuel Lipson, MD, Spaulding's chief executive officer. "Today we are a full and thriving hospital which remains dedicated to our mission of helping every patient achieve the fullest possible recovery."

Innovation has consistently remained at the heart of Spaulding's services. The hospital introduced team-oriented specialty programs that united patients with similar diagnoses. It has recruited physicians to lead new programs in stroke, arthritis, orthopædics, amputation and traumatic brain injury, and it has added pediatrics, cardiology, pulmonary care, addictions, geriatrics, complex medical management, spinal cord injury, oncology and pain programs. The hospital continues to bring advanced technology to patient care, including a Gait Analysis Laboratory, an Assistive Technology Center and on-site hemodialysis.

"Because of changes in acute medical management, rehabilitation stays can be shorter," says Lipson, "and Spaulding has reached into the community with home care

(Continued on Page 2)

Spaulding 25 YEARS

IMPROVING • LIVES •

Nurses trained in care of sexual assault victims

LAST MONTH the MGH became the first hospital to participate in a new statewide program that helps train nurses to specialize in the treatment of sexual assault victims. The program, which is sponsored by the state, was created to help encourage rape victims to testify in court and to help convict their assailants. The training, which includes medical evidence gathering and court testimony, was completed by 40 nurses at the MGH. The state hopes to train an additional 200 nurses within the next year.

— *Spaulding celebrates 25 years*

(Continued from Page 1)

and outpatient services." Since opening in 1981, the MGH/Spaulding Home Health Agency has provided more than 600,000 home care visits to patients after discharge. In recent years, the hospital has developed a network of seven neighborhood centers that enable patients to receive services closer to home. Spaulding also manages the 25-bed Burbank-Spaulding Rehabilitation Center in Fitchburg and Spaulding & Cape Cod Hospital Rehabilitation Center in Hyannis. The newest addition to the Spaulding family of facilities is the 60-bed Rehabilitation Hospital of the Cape and Islands in Sandwich.

In 1983, Spaulding became a not-for-profit affiliate of the MGH. Spaulding's broad base of clinical services offers outstanding opportunities to educate health professionals. Spaulding is a Harvard teaching hospital and is affiliated with Tufts University School of Medicine. Most recently, Spaulding established a rehabilitation residency program in association with Harvard Medical School (HMS) and other area hospitals. It has become the primary home of the HMS Department of Physical Medicine and Rehabilitation. The growth of Spaulding's academic programs also has led to new research activities, which today include investigations in two studies funded by the National Institutes of Health.

At a time of dramatic change in medicine, Spaulding remains true to its tradition and mission of maximizing each patient's recovery. ●

Gail Kuhn Weissman, RN, EdD, MGH senior vice president for Patient Care and chief nurse executive; David Slovik, MD, Spaulding's chief of Medicine; and Manuel Lipson, MD, chief executive officer at Spaulding.

IN GENERAL

David Louis, MD, assistant ropathologist in the Molecular Neuro-Oncology Laboratory, received a $50,000 grant from the Brain Tumor Society of Boston. His aim is to facilitate diagnosis and treatment of the most common types of brain tumors by identifying a gene involved in their formation.

For outstanding contributions to the field of radiology, **Daniel Rosenthal, MD,** associate radiologist-in-chief, has been named fellow of the American College of Radiology.

Barbara Holland, director of Diversity, was admitted into the American College of Healthcare Executives as an associate at the organization's 61st convocation ceremony.

Ron Gaudette, of the Clinical Care Management Unit, provided a platform presentation and **Meg Dempsey Clapp,** of Pharmacy, presented a workshop at France's National Forum on Quality Improvement in Healthcare. The September event focused on the improvement of medication use.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Design Teams are creating plans to meet specific quality, service and cost-reduction targets. Today's update is part of *Hotline's* ongoing coverage of OI team progress.

Daniel Rosenthal, MD, associate radiologist-in-chief and director of Bone and Joint Radiology, is leader of the Clinical Support Services Design Team. By comparing MGH clinical support services in these areas to both current delivery of the same services at other hospitals and past practices at the MGH, the team has identified ways to improve productivity and cut costs.

In coordination with Partners, Rosenthal's team is considering ordering all clinical supplies for radiology through a single purchasing agent — a move he says would result in considerable savings. Rosenthal sees opportunity in technological advances, such as digital imaging, which he says would reduce labor costs and improve the delivery of imaging services. The team also is looking at opportunities to eliminate duplications in clinical support services, consolidate laboratories and management, and redesign the flow of work.

Samuel Miller to leave the MGH

(Continued from Page 1)

president for Information Services at BWH, to formulate a strategy and plan for consolidating the information services departments of the two institutions. Earlier this year, Glaser was named vice president and chief information officer for Partners, and Miller assumed a broader operational role at the MGH.

"While Sam Miller has contributed a great deal to this institution in both information systems and in operations, he has made it clear that his main interest is in the information systems area," says Richard R. [illegible]er, executive vice president of The Massachusetts General Hospital and MGH CEO. "I have appreciated Sam's advice and expertise, and I know that everyone at the hospital joins me in wishing him much happiness and success in the future." ●

ADVANCES

New women's health study includes significant numbers of minority women

THE MGH is one of seven centers participating in the first large-scale national examination of the health of women in their 40s and 50s. The Study of Women's Health Across the Nation (SWAN) is particularly notable for its inclusion of women from minority ethnic backgrounds. The researchers will investigate health factors affecting such areas as symptoms of menopause, development of osteoporosis and risk of cardiovascular disease, with particular attention to recognized differences in health patterns among women from different groups.

The MGH study will examine a group of white and African American women from Boston and Cambridge. In addition to general health factors followed in the national study, the local researchers will investigate the effect of diet on menopausal symptoms, the usefulness of a new blood test to predict the onset of menopause and whether variations in a gene associated with the action of vitamin D can predict the risk of osteoporosis. Prospective local participants will be contacted by an initial letter and follow-up phone call for a brief, confidential survey regarding their health. From those surveyed, 450 women will be chosen to participate in the long-term study. The group, which will be selected to be representative of the local population in terms of education and socioeconomic status, will include equal numbers of white and African American women. Studies at the other sites will include Hispanic, Japanese-American and Chinese-American women, in addition to white and African American women.

The study is notable for its inclusion of women from minority ethnic backgrounds.

Robert Neer, MD, director of the MGH Osteoporosis Center, is principal investigator of the MGH study site. The other MGH investigators are Joel Finkelstein, MD; Andrew Arnold, MD; Jonathan Gertler, MD; Gil L'Italien, PhD; David McLaughlin, MD, and Richard Pasternak, MD.

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MGHHOTLINE

Warren Triennial Prize winners

The recipients of the 1995 Warren Triennial Prize, one of the MGH's most prestigious science awards, presented their work Oct. 18. Leland Hartwell, PhD, American Cancer Society Professor, Department of Genetics, University of Washington, Seattle, spoke on "Cell Cycle Checkpoints in Yeast and Cancer," and Stuart Schreiber, PhD, investigator, Howard Hughes Medical Institute, professor of Chemistry and Molecular and Cellular Biology, Harvard University, discussed "Chemical Approach to Understanding and Controlling Signal Transduction."

Hartwell

Schreiber

WHAT'S HAPPENING

Attention harried holiday shoppers

The vast majority of shoppers at The General Store are employees and staff. To make it easier and more affordable for MGHers to get their holiday shopping done, The General Store will hold a sale Nov. 30. There will be 20 percent off all regular-priced merchandise for one day only. The discount will not apply to food, magazines or merchandise from the flower shop.

The store also will hold its 3rd annual open house for evening, night and weekend employees Dec. 14, from 10 pm to 12:30 am; Dec. 16, from 6 pm to 9 pm and Dec. 22, from 10 pm to 12:30 am. Along with punch and cookies, employees also will be offered a 20 percent discount at those times.

Change in Mass schedule

Beginning Dec. 2, the Chaplaincy will change its Saturday Mass schedule to one Mass at 4 pm. There will no longer be a 7:30 pm Mass.

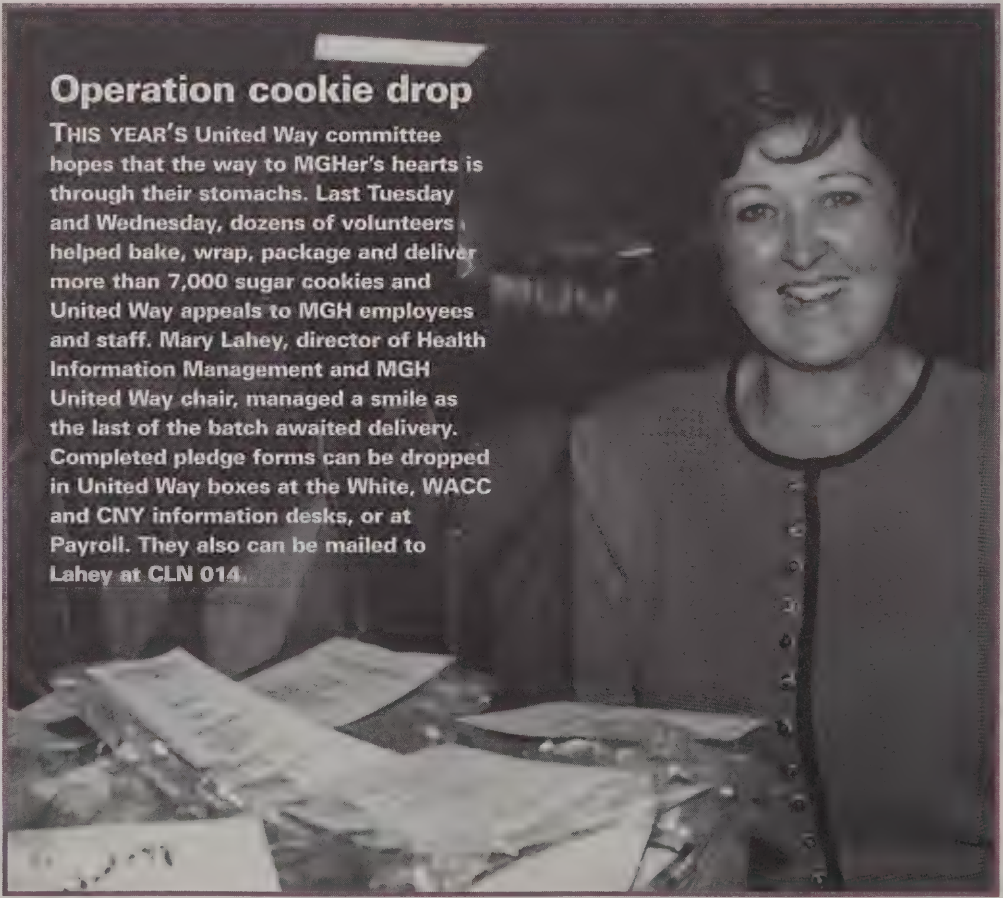
Women in Science

The Women in Science Committee, chaired by Jane Claflin, honorary trustee, will offer its educational series, the "Ins and Outs of Academic Medicine," again this year.

The first panel, "How to Get a Promotion," will be Nov. 29, 4 to 6 pm, in the Wellman 1 Conference Room. The panel will be chaired by Anne Young, MD, PhD, chief of Neurology and chair of the Women in Science Mentoring Subcommittee. Please call Carole Davis, Research Affairs, with any question, at 4-2734.

LSO concert season opens

Longwood Symphony Orchestra, comprised primarily of health care professionals from Boston's major medical institutions, will honor March of Dimes research grant recipients at its opening performance of the 1995-96 season, Dec. 2 at 8 pm, at the New England Conservatory's Jordan Hall. For more information, call 536-2412 or 332-7011.



Operation cookie drop

THIS YEAR'S United Way committee hopes that the way to MGHer's hearts is through their stomachs. Last Tuesday and Wednesday, dozens of volunteers helped bake, wrap, package and deliver more than 7,000 sugar cookies and United Way appeals to MGH employees and staff. Mary Lahey, director of Health Information Management and MGH United Way chair, managed a smile as the last of the batch awaited delivery. Completed pledge forms can be dropped in United Way boxes at the White, WACC and CNY information desks, or at Payroll. They also can be mailed to Lahey at CLN 014.

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Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE; or
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

December 1, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

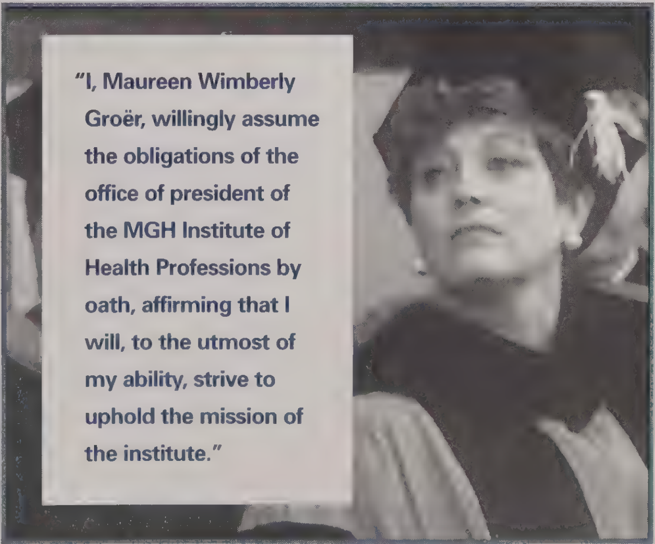
A law is born Gov. William F. Weld visited the MGH's Newborn Family Unit Nov. 21 to sign into law a bill setting minimum hospital stay standards for new mothers and infants. *More details and photos on Page 4.*

Groër takes oath of office as IHP president at inaugural ceremony

McLean Hospital's autumn landscape provided a tranquil setting as a procession of gowned scholars and dignitaries wound its way to the chapel at the heart of the sprawling campus. The occasion: the first formal inauguration of an MGH Institute of Health Professions (IHP) president.

Maureen W. Groër, RN, PhD, who in July was named president of the 18-year-old IHP, was sworn into office officially Nov. 17 as the school's third president.

"Today marks a special time for all of the IHP family," Groër said in an inaugural address, emphasizing the importance of acknowledging the past in effectively planning for the future. "We all sense that change is occurring, growth is going to happen, and the demands of educating new professionals and carrying forward programs of research and scholarship will challenge us greatly. If we look to our past we will learn important lessons. … Our legacy and our charge is to create opportunities for the betterment of health in this country."



"I, Maureen Wimberly Groër, willingly assume the obligations of the office of president of the MGH Institute of Health Professions by oath, affirming that I will, to the utmost of my ability, strive to uphold the mission of the institute."

In the address, Groër, who holds the John Hilton Knowles Professorship at the IHP, recognized Knowles, MGH general director from 1962 until 1971 and principal founder of the IHP, as an extraordinary visionary who 20 years ago anticipated many of the changes the health care industry is experiencing today.

Welcoming and congratulating Groër during the ceremony were Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System; Richard R. Crater, MGH chief executive officer and executive vice president of The Massachusetts General Hospital corporation; Leslie G. Portney, PT, PhD,

(Continued on Page 2)

WHAT'S HAPPENING

Physician Referral Service open house

Physician Referral Service (PRS) referral coordinators often are asked by callers if they have met the physicians listed in their database. Now coordinators will have a chance to meet these physicians and their practice staff at an open house the PRS is hosting for hospital staff and employees Dec. 14, from 4 to 6 pm, at 101 Merrimac St., second floor.

Charles River Plaza access

The escalator and stairs at Charles River Plaza will be under construction for the next three months. Access to the second floor is available via the elevator or by using the ramp behind the supermarket.

Holiday warmth

MGHers have banded together on behalf of those in need this holiday season with two drives.

Canned goods and warm winter clothing will be collected at the CNY receiving dock or mail room until Dec. 18. Items will be distributed by the Salvation Army to those in need. For information, call Brian Hall at 6-5263.

On Dec. 19 and 20, the MGH Committee on Homeless Persons will hold a drive for new cotton socks, T-shirts and undershirts for homeless patients. Collection bins will be in the Gray Lobby, outside the Medical Walk-In Clinic on WACC 1, and near The MGH General Store and Flower Shop. For information, call Michael Bierer, MD, at 4-7717.

MGH/Timilty alumni gather

The first MGH/Timilty alumni gathering will be Dec. 6, from 3 to 5 pm in the Wellman 1 Conference Room. For more information, call Andrea Gwosdow, PhD, at 4-3210.

Nesson to speak at Spaulding

Spaulding's 1995-1996 Distinguished Lecturer Series continues Dec. 15 when H. Richard Nesson, MD, Partners chief executive officer and BWH president, speaks on "The Creation of Partners HealthCare System, Inc.: The Development of an Integrated Delivery System." The lecture will be from 11 am to noon at Spaulding. Physicians may earn one CME credit for attending this lecture. To reserve a free parking space, please call 720-6823.

Groër takes oath of office

(Continued from Page 1)

IHP faculty chairperson; Daniel McGovern, PT, a student in the Post-Professional Physical Therapy Program, who represented current IHP students; and Paula L. Pellerin, RN, MSN, who represented IHP alumni. Matina S. Horner, PhD, chairperson of the IHP Board of Trustees, administered the oath of office.

"Dr. Groër is the quintessential leader for this and the next century," said Patricia Gentry Droppleman, RN, PhD, an associate professor at the University of Tennessee College of Nursing, where Groër was director of the doctoral program before coming to the IHP in 1992. "She is a leader who empowers others and in so doing strengthens the very fabric of the institution she serves." ●

Same service, but with a ne

TO BRING A HIGHER PROFILE to the service, the name of the MGH Children's Service officially has been changed to the MGH Pediatric Service. The change, which received the stamp of approval from the MGH Board of Trustees Nov. 17, had been previously approved by the Chiefs' Council and the General Executive Committee.

"This name change signals an exciting new era for the care of infants, children and adolescents at the MGH," says R. Alan B. Ezekowitz, MBChB, DPhil, chief of the Pediatric Service. "We are committed to our mission of providing outstanding personalized care and adhering to our motto, 'MGH: Here for life.'"

According to Ezekowitz, many MGH pediatricians have noted

Talking about cancer: Dialogues seri

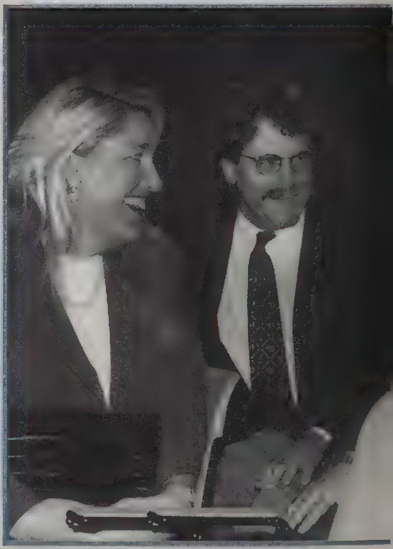
"**WHEN I WAS** growing up in the 1930s, my mother had a terrible fear of cancer and would never say the word," says Henry Mankin, MD, chief of Orthopædic Surgery. "Sometimes she made up words for the disease. I discovered there were a lot of people who did this, and I vowed that, when I grew up, I would help change what the word cancer meant."

While Mankin's greatest impact in the area of cancer has been his success in treating those with the disease, he also has confronted the difficulty people have talking about cancer by simply talking about cancer.

Ten years ago Mankin spearheaded the start of Dialogues, a series of panel discussions about cancer sponsored by the Friends of the MGH Cancer Center. Topics have run the gamut from "Sex and the Cancer Patient" to "Cancer: Truths vs. Old Wives' Tales" to "Living Smart: Striking Cancer Before it Strikes You."

"I like to get people thinking about cancer in a different way than they may be used to," says Mankin.

The 10th year of the Dialogues program began last month with "The Gift of Life," an exploration of the long-term psychosocial benefits and effects of bone marrow and organ donations on



donors, recipients and their families. In one segment of the program, Mankin told of a letter he received this summer from a mother on the 21st anniversary of her son's accidental death, wondering what became of the woman who received her son's upper arm bone. Mankin then

w name

that people sometimes confuse the MGH service with Children's Hospital. That confusion will now be avoided. In addition, the new name clearly relates to that of the MGH Pediatric Surgical Service. For advertising and clarity purposes, both services are now referred to as MGH Pediatrics.

"Speaking as a community physician," notes Lawrence Cohan, MD, a community-based MGH pediatrician, "I think the new name gives the service the name recognition it deserves."

Peter Greenspan, MD, an MGH pediatrician and associate director of primary care development, agrees: "People need to know that the MGH provides outstanding pediatric care. The name change will help draw attention to our service." ●

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Design Teams are creating plans to meet specific quality, service and cost-reduction targets. Today's update on the Emergency Services Design Team is part of *Hotline's* ongoing coverage of OI team progress.

Jean Elrick, MD, leader of the Emergency Services Design Team, says: "We are re-establishing the fundamental mission of emergency services, which is to provide the highest quality of acute episodic care through immediate stabilization, establishment of a working diagnosis and determination of an appropriate setting for ongoing care of all patients evaluated in the Emergency Department [ED]. We hope to reduce the maximum length of stay to four hours, increasing capacity in the department and eliminating the need to divert ambulances to other hospitals."

To meet this goal, the team is considering ways to phase out the ED's role in providing noncritical diagnostic care and therapeutic intervention. Because changes in the ED's operations would affect other areas of the hospital, the Emergency Services Design Team is working closely with other clinical and operational design teams.

es turns 10

introduced the recipient, Anne Pfaelzer Harte, who in 1974 was diagnosed with fibrosarcoma — a cancerous tumor — and faced having her arm amputated.

Harte told attendees that while her tennis game is not great, she can bench press weights pretty well. On a more serious note, she spoke of the difficult time she had after the bone graft, of feeling isolated and alone and being tremendously scared. Those feelings led her to help found the MGH Psychosocial Support Unit, which provides funds to support a psychiatrist and social worker in their work with Orthopædic Tumor Service patients. Harte's mother, who has been in touch with the mother of the young man who died, described the whole situation as an extraordinary miracle.

Henry Mankin, MD, talks with bone graft recipient Anne Pfaelzer Harte, far left, her husband, and Harte's mother.

In another segment of the evening, Thomas Spitzer, MD, chief of the Bone Marrow Transplant Unit, introduced Gretchen Clark, 27, and her sister Allison, 24. When Gretchen was diagnosed with acute lymphoblastic leukemia in 1993 and needed a bone marrow transplant, Allison became her donor. One of Gretchen's physicians is Donna Greenberg, MD, who supports orthopædic tumor patients as the Psychosocial Support Unit psychiatrist and also meets with patients facing other types of cancer. At the Dialogues session, Greenberg spoke about watching Gretchen become increasingly strong as she faced her illness. "I have had the pleasure of seeing her go from kitten-like weakness to finding her own path as she walked across mine fields — the tumor, a stroke, the transplant, steroid treatments, cataracts — one foot at a time."

Says Greenberg, "There is a capacity of the human spirit to cope with things that most people can't even imagine." And talking about cancer is one way of coping.

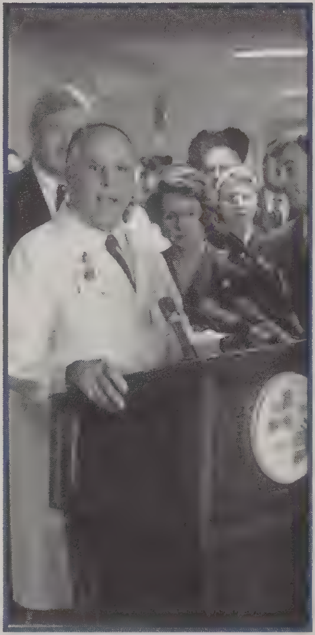
The next Dialogues session, "Cancer Treatment Doesn't Have to Be Bad," will be Feb. 6, at 6 pm in the Walcott Conference Rooms. To make a reservation or find out more about the series, please call 6-1063. ●

Governor signs extended maternity stay bill at MGH

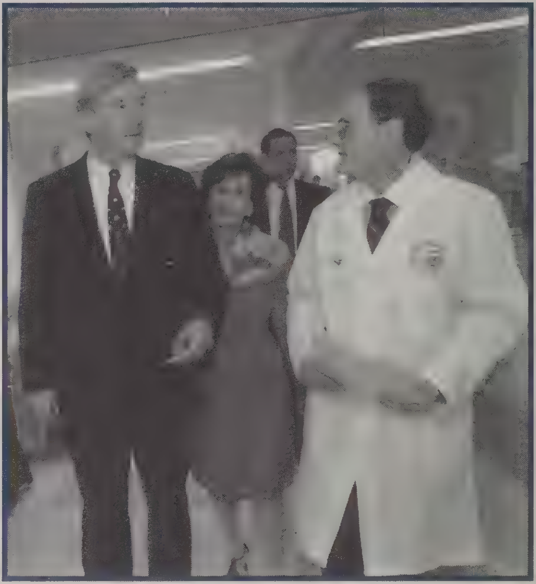
Gov. William F. Weld visited the MGH Newborn Family Unit Nov. 21 to sign into law a bill setting minimum hospital stays for new mothers and infants. The new law requires insurance companies and HMOs to cover a minimum stay of 48 hours after a vaginal delivery and 96 hours after a Caesarean section.

"This is a very responsible law, the sole purpose of which is to enhance the health and well-being of new mothers and their babies," says Fredric D. Frigoletto Jr., MD, chief of the Vincent Obstetrics Division at the MGH and president-elect of the American College of Obstetricians and Gynecologists. "Within reasonable limits of cost containment for health care, it returns the decision making for the time of postpartum discharge to where it should be — in the hands of clinicians and patients."

Massachusetts joins Maryland, New Jersey and North Carolina in outlawing hospital stays that are limited to 24 hours or less. The law, which goes into effect Feb. 19, 1996, and was sponsored by Sen. Lois Pines, allows shorter stays only if mothers and doctors agree and follow-up home visits are provided.



Fredric D. Frigoletto Jr., MD, chief of the Vincent Obstetrics Division, addresses legislators, members of the media and guests on behalf of the bill.



After the presentation, Weld toured the Family Newborn Unit on Blake 13, above, with Jeanette Ives, RN, MS, chief, Obstetric Nursing, and Isaac Schiff, MD, chief of the Vincent Memorial Obstetrics and Gynecology Service, and visited with staff and patients. Below Weld greets, from left, Suzanne Phinney, RN, staff nurse; Bonnie Godas, patient care information associate; and Laurel Ward, RN, staff nurse.

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Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE; or
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

December 8, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

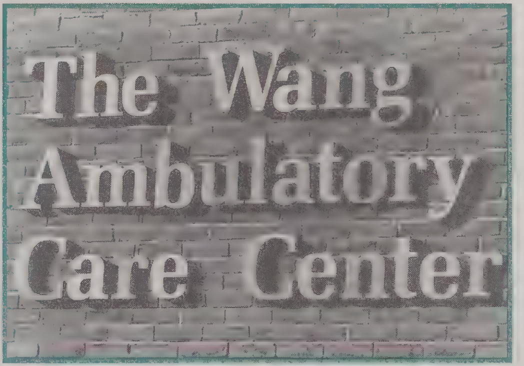
Monitoring outpatient satisfaction

IN KEEPING WITH the MGH's most important guiding principle of placing the needs, convenience and comfort of patients ahead of all other considerations, the hospital continues to survey patients about their experiences. The latest effort involved a pilot survey that collected feedback from outpatients. This outpatient survey complements earlier surveys that focused on inpatients *(Hotline, April 14)*.

The outpatient survey, which helped identify areas of excellence as well as areas in need of improvement, involved patients who visited three practices last January. This pilot effort also helped provide insight into the most effective way to gather information about outpatient experiences at the MGH.

the patient's voice

A survey that seeks feedback from outpatients complements earlier surveys that focused on inpatients.



According to survey results, ratings of overall satisfaction were high, with positive feedback about health care providers in the areas of skill, willingness to listen, amount of time spent with patients and general courtesy. The survey also indicated that courtesy, kindness and quality of answers from office staff were important factors in overall satisfaction.

Another factor related to overall satisfaction was waiting time. Although many patients were seen promptly and were pleased, the pilot survey showed that those patients who had to wait to be seen were less satisfied with their overall visit. Other concerns that were identified in the pilot survey were parking, billing and ease of scheduling appointments over the phone. Improvements have been made in several of these areas since the survey was conducted.

"Further surveys of ambulatory practices will allow us to make stronger statements about MGH patients' views of their outpatient experience compared with the views of patients in other health care systems," says Elizabeth Mort, MD, director of Quality Measurement in the Clinical Care Management Unit. "We are planning further surveys and coordinating the process with BWH and the Partners network."

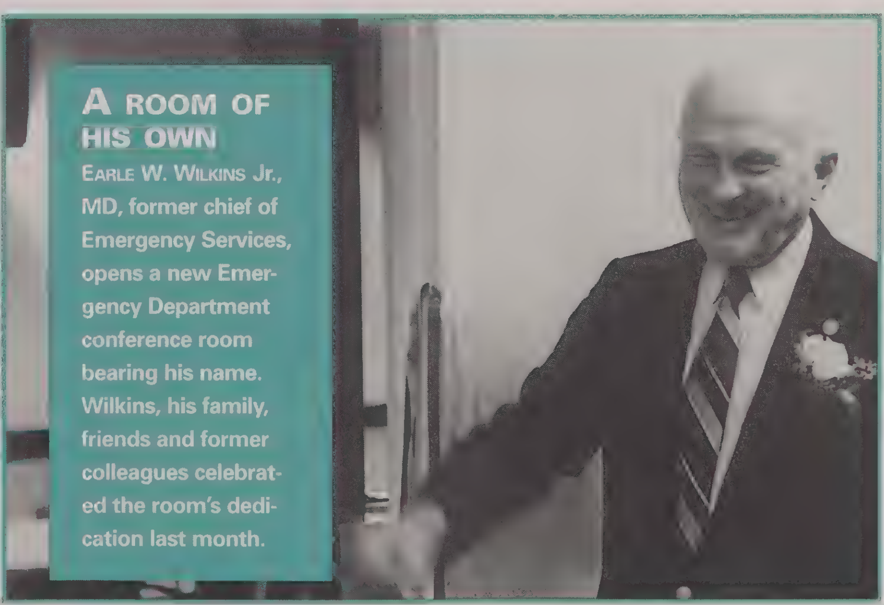
Mort, Carolyn Cigarroa of the Clinical Care Management Unit, and a project advisory team led by Michael Jellinek, MD, senior vice president for Ambulatory Services, conducted the survey. They currently are considering expanding this pilot. For more information, please call Mort at 6-4106 or Jellinek at 6-2711. ●

Ken Smith leads MGH diversity recruitment, retention efforts

DIVERSITY IN THE WORK PLACE has become a significant focus for services, businesses and corporations across the country. As the nation itself becomes increasingly diverse, organizations are seeking to build work forces that reflect the many constituencies they serve. And the need for a diverse work force is especially high in health care.

For health care institutions, the benefits of a diverse work force are many. Employees and staff who are sensitive to

(Continued on Page 4)



A ROOM OF HIS OWN

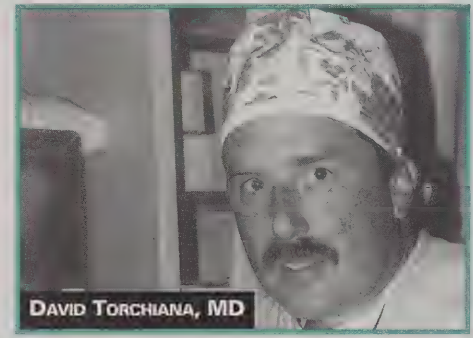
EARLE W. WILKINS JR., MD, former chief of Emergency Services, opens a new Emergency Department conference room bearing his name. Wilkins, his family, friends and former colleagues celebrated the room's dedication last month.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

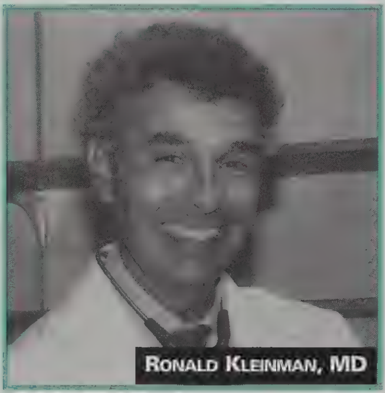
Design Teams are creating plans to meet specific quality, service and cost-reduction targets. Today's update on the Cardiac Care and Children's Care design teams are part of *Hotline's* ongoing coverage of OI team progress.

David Torchiana, MD, cardiac surgeon and leader of the Cardiac Care Design Team, says his team's principal focus is the development of protocols for care provided to cardiac patients for specific diagnoses and procedures. The team expects these care pathways to result in better clinical outcomes and more than $5 million in annual savings. Several pathways, such as those currently directing coronary artery bypass graft and percutaneous transluminal angioplasty procedures, already are reducing costs associated with procedure time, use of disposable products and length of stay.


DAVID TORCHIANA, MD

To support care pathways, a group led by Richard Pasternack, MD, director of Preventive Cardiology and Cardiac Rehabilitation, is creating educational material to inform patients about the care process.

Ronald Kleinman, MD, chief of Pediatric Gastroenterology, is leader of the Children's Care Design Team. The group currently is focusing on neonatology (care provided to infants within their first four weeks of life), primarily delivered in the Neonatal Intensive Care Unit. Work on other pediatric areas will begin when the second wave of clinical design teams is launched.


RONALD KLEINMAN, MD

"With the addition of its own Obstetrics Service, the MGH is caring for more newborns than ever before," says Kleinman. "We're looking at ways to ensure they receive high-quality care not only at the MGH but also in the community or home following discharge."

Primary goals of the team include developing clinical care pathways, identifying appropriate care settings and establishing discharge criteria for newborns receiving respiratory, surgical or cardiac treatment.

Talk is *not* che

UNLIKE residential telephone service, which typically provides unlimited local calling for a fixed price, there is a charge for every local call made from a business phone. These calls cost more than 13 cents each and total nearly $1 million annually for the MGH.

The cost of local calls is just one piece of information being disseminated as part of a hospitalwide effort to make MGHers more aware of the high cost of telephone calling and encourage help in lowering calling costs. The MGH's goal is to reduce the cost of telephone service by 20 percent and save $500,000 a according to Bruce Ernst, director of Operations Program Planning and chair of Partners Telecommunications Cost Reduction Team.

Other facts to consider:

- Each call to directory assistance costs 35 cents. With an average of 35,000 directory assistance calls made each

WHAT'S HAPPENING

Volunteers needed for speakers bureau

The MGH / Timilty Partnership is recruiting volunteers for a speakers bureau. Designed to enhance the curriculum of students and add to the development of employees and staff, the speakers bureau is open to any MGHer who is interested in speaking at the Timilty School to students, staff or parents. For more information, call Andrea Gwosdow, PhD, at 4-3

PRO open house

Physician Referral Office (PRO) referral coordinators often are

ap

month from MGH phones, the tally is more than $140,000 a year.

- More than 150,000 calls made each month from MGH phones are longer than 15 minutes each. The average duration of typical business calls is significantly less, suggesting a real potential for savings. National statistics suggest that personal calling typically accounts for 25 percent of all calling.

Recently, to raise awareness of the cost of local calls, access to three frequently called telephone numbers (time, weather [illegible] lottery results) not considered necessary for hospital operations was restricted. All employees are encouraged to contribute to cost/usage reduction by limiting calls to directory assistance (411) and keeping personal calling to a minimum. Phone books for local communities, including the Yellow Pages, are available free of charge through Materials Management. ●

asked by callers if they have met the physicians listed in the database. Coordinators will have a chance to meet these physicians and talk face-to-face with the practice staff at an open house the PRO is hosting for hospital staff and employees Dec. 14, from 4 to 6 pm, at 101 Merrimac St., second floor.

The following is the text of a letter Richard R. Crater, chief executive officer of the MGH, distributed to employees yesterday.

December 7, 1995

Dear Colleague:

You may be aware that a truck belonging to the Teamsters Union has been parked on Blossom Street. The purpose of this Teamster effort is very obvious. They would like to recruit more members. This comes as no surprise because the industries where Teamsters traditionally represent workers have suffered significant job loss in recent years. They would like to have more dues paying members for their own survival.

Under the National Labor Relations Act employees have the right to organize into unions and the right NOT to organize into unions. You may be asked by a Teamster organizer to sign a card authorizing the Teamsters to serve as your exclusive collective bargaining agent. The authorization cards are legal documents and may be used to bypass a representation election monitored by the National Labor Relations Board. Employees who sign such cards may be giving up their right to vote by secret ballot on whether or not they wish to be represented by the Teamsters.

There is much change occurring in the hospital which may make us all nervous and uncomfortable to some degree. But we at Mass. General have implemented change by working together for 184 years. We can work through these times by dealing directly with each other rather than through a third party union with no interest in the mission and values of MGH.

I will continue to provide additional information to you directly and through your supervisors and managers.

Sincerely,

Richard R. Crater

Richard R. Crater
Chief Executive Officer

Partners briefing

Partners senior leadership will pre-[illegible] information about the Partners system and network as well as various departmental consolidations to hospital clinical and administrative leaders at briefing sessions to be held Monday at the MGH and BWH. The MGH session, moderated by Richard R. Crater, CEO of the MGH and executive vice president of The Massachusetts General Hospital corporation, will be held Dec. 11, from 1 to 2 pm, in the new auditorium in the Blake Building. Speakers are: H. Richard Nesson, MD, president of BWH and CEO of Partners; Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners; Ellen Zane, president of the Partners network; Dennis Colling, Partners vice president; and Catherine Robbins, Partners vice president for Finance. *Hotline* will cover the briefing sessions in a future issue.

— Ken Smith leads MGH diversity recruitment, retention efforts

(Continued from Page 1)

and familiar with cultural and language differences enhance the level of comfort for the patients they serve. Recruiting, retaining and promoting such a diverse work force is a priority for Ken Smith, who serves as diversity staffing specialist for the MGH.

Smith calls his position at the MGH multi-faceted and ever-growing. He has been identifying areas at the hospital that are deficient in their diversity efforts and then working with employees in those departments to address diversity issues. In addition, he is educating his colleagues in Human Resources to better understand the many complexities associated with diversifying the work force. He says that his role is to be visible and available and to make sure his message of diversity is heard clearly in recruiting efforts throughout the MGH.

"My challenge is to make sure that this hospital has a deep and diverse pool of candidates from which to draw — no matter what the position," Smith says. "And I need to make sure that these candidates are being seen and strongly considered for openings for which they are qualified."

Smith says that the hospitalwide commitment to a diverse work place helps him in his ongoing recruitment and retention efforts. Earlier this year, the hospital's Board of Trustees, recognizing the changing population of patients and employees, endorsed a policy that established a philosophy and articulated a definition of diversity. Diversity was added as an institutional value during the strategic planning process.

Smith is helping translate this diversity pledge into action. As a primary liaison with important external communities, he is dedicated to getting out the message of the MGH's commitment to increasing the diversity of its work force. Says Smith, "Members of diverse communities need to know that the MGH welcomes them and is dedicated to seeing that they — and all of our employees — have the opportunity to advance in their careers."

Smith works closely with community organizations, attends job and career fairs, networks with professional organizations and taps into other candidate sources — conventional as well as creative. "I am constantly on the lookout for new sources of candidates, locally and nationally," Smith says. "One of my most reliable sources has been my fraternity Omega Psi Phi. The members serve as a valuable network for me in my efforts to identify excellent candidates."

Barbara Holland, director of Diversity for the MGH, explains that having a Human Resource staff member who is focused on increasing the number of diverse candidates indicates the hospital's level of commitment to this important issue.

"Ken has the background and experience to help the MGH continue to identify and hire very competitive employees from diverse backgrounds for high-level administrative positions of the hospital," she says. "The work that Ken is doing in Human Resources augments the work that I have been doing in fostering a work environment that supports a diverse work force by respecting and valuing differences." ●

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or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE; or
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

United Way drive nears end

As the MGH United Way campaign enters its final week, MGHers continue to help millions of people across the state by dropping pledge cards into specially marked boxes around the hospital. Employees and staff who give to the annual fund-raising drive are supporting a wide range of efforts that offer job training opportunities to youth, provide babies with vital preventive health services, deliver nutritious meals to elderly shut-ins, bring counseling and medical services to those with substance abuse problems, and serve many other important functions.

Those who turn in their United Way contributions by Dec. 15 will be eligible for a drawing of prizes, ranging from a Hewlett-Packard personal computer and a round of golf to airline tickets, sports tickets, health club memberships, restaurant certificates, free parking and much more. The drawing will be held the week of Dec. 18 — just in time for the holiday season.

Contributions to the United Way can be made through payroll deduction or a one-time donation. Completed pledge forms should be placed in the United Way boxes at the White, WACC and CNY information desks, or at Payroll. They also can be mailed to Mary Lahey, United Way chair, Health Information Management, CLN 014. Anyone who needs a pledge form can contact Lahey at 6-2465 or stop by Clinics 014 to pick one up. ●

UNITED WAY
OF MASSACHUSETTS BAY

December 15, 1995

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Service MGH trains 4,600 in first year

IN A ROOM bedecked with colored balloons and streamers, echoing the rainbow logo of the Service MGH program, MGHers gathered last week to celebrate the first year of customer service training. "This program is not just about customer service, it's about preparing ourselves for the future," said Jeff Davis, senior vice president for Human Resources and Operations Improvement, to those attending the event.

Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Care and chief nurse executive, thanked the facilitators who conduct the training sessions for the dedication, creativity, enthusiasm and humor they have brought to their task. "You are making my quest for improved overall patient services a lot easier."

Designed to develop all MGHers' skills in providing superior customer service, Service MGH focuses on improving employee and staff interactions with all their "customers" — not only patients, family members and visitors, but also coworkers, vendors and others. More than 4,600 employees have completed Service MGH training, which puts the program past the halfway mark toward its goal of training all MGHers.

"The staff members and facilitators working on this project have put in an incredible

(Continued on Page 3)

Smoking policy changes take effect Jan. 1

EACH YEAR, thousands ring in the new year resolving to quit smoking. New Year's Day 1996 will provide MGHers with extra incentive to kick the habit as phase one of the hospital's expanded no-smoking policy goes into effect.

Beginning Jan. 1, 1996, smoking will be prohibited at the front of the main campus, which includes the Emergency, White ramp and Bulfinch Lawn areas; the perimeters of the WACC, Bulfinch, Wellman and Bartlett Extension buildings; and the Treadwell Library, WACC and Bulfinch patios. Smoking at CNY Building 149 will be limited to the West Entrance.

The second phase, expected to begin by spring, will prohibit smoking on all hospital grounds with the exception of a single designated area. Possible sites are being evaluated.

"The hospital hopes that gradually phasing in the policy will minimize the impact on patients, visitors, staff and employees," says Maryanne Spicer, director of Corporate Compliance and chairperson of the Safety Committee, the group overseeing the policy rollout. "We hope that those affected will have adequate time to adjust their routines. And although the policy does not prohibit anyone at the MGH from smoking, the hospital will help support those who may want to quit."

Human Resources has developed a plan to provide funding to employees who complete an approved smoking cessation program. Employees will pay no more than $40 out-of-pocket, with the hospital paying the remainder.

The MGH plans to provide funds to employees who complete an approved smoking cessation program.

Although most health insurance plans offer basic coverage for such programs, the approaches and associated costs vary by provider. For example, MGH Plus/HMO Blue offers hospital-based smoking cessation programs that consist of 6 to 10 sessions at a cost of $70 to $130. There are no participation restrictions, and members may enroll as often as necessary. Under the plan, an employee who completes one of these programs would pay $40, and the hospital would pay the balance. In the case of a program costing $130, the hospital would contribute $90.

For specific information about available smoking cessation programs, call 4-4709 or Employee Health Service at 6-2217. ●

PARTNERS PROGRESS

Briefing highlights consolidations, network development

THE MARKET CONDITIONS that dictated the affiliation of the MGH and BWH two years ago are more intense today, announced Samuel O. Thier, MD, president of the MGH and Partners, at a Partners briefing for clinical and administrative leadership at the MGH Dec. 11. He backed that statement by citing growth of managed care, excess inpatient beds, anticipated cutbacks in Medicare and increased competition. "In responding to these forces we must bear in mind that if we consolidate too quickly we may find ourselves compromising access to care," he warned. "But if we move too slowly, the wave of change will break over us."

Thier described the progress Partners has made in its short history, highlighting departmental consolidations and the establishment of joint residency programs. "I also have asked our medical and surgical subspecialty areas to provide us with a plan by next month for what steps may be taken in the next three to five years to begin consolidating our teaching, clinical and research missions across Partners hospitals."

Catherine J. Robbins and Dennis Colling, both Partners vice presidents, detailed progress on

(Continued on Page 3)

Spaulding update:

Below is the text of a memo Manuel J. Lipson, MD, chief executive officer of Spaulding Rehabilitation Hospital, distributed to Spaulding employees and staff Dec. 8.

I want to update you on the progress of the various efforts related to Spaulding Rehabilitation Hospital and the Central Artery Project.

Litigation news

As you know, based on expert reports that describe the serious environmental impacts of the Central Artery construction on Spaulding, we believe that the state should take Spaulding by eminent domain, with the funds paid by the state enabling us to relocate to another site where we can continue delivering excellent care and services to patients. Three years ago, based on similar expert reports, the state signed a contract with Spaulding in which it committed to take the hospital. Despite this contractual obligation, as most of you know, the state recently adopted the position that its modest redesign of the Charles River Crossing section of the Artery eliminated the need to take Spaulding and excused the state from its contractual obligations. We maintain, however, that this contract continues to be binding, and in August, Spaulding filed a lawsuit seeking to compel the state to uphold its commitment to take the hospital.

Soon after this lawsuit was filed, the state filed a motion asking that the complaint be dismissed on the grounds that there was no binding contract. A Suffolk Superior Court judge recently denied the motion to dismiss the lawsuit. This is a favorable result for Spaulding, and the case will now proceed.

Parallel mitigation discussions

We recognize, however, that such litigation can remain unresolved for years, and it is unlikely that the outcome will be determined by the time initial work begins in the Nashua Street area in late 1996. Therefore, we are committed to negotiating an agreement that the state provide total protection from the serious environmental consequences of the construction to allow us to continue providing high-quality care in our current setting. We must ensure that the state recognizes the seriousness of this problem and honors its legal obligation to mitigate construction impacts that affect our quality of care.

A team led by Lee Webb, vice president for Real Estate and Facilities at Partners HealthCare System, has been working closely with us to help sort out our various options, including specific mitigation measures that will be required if we must operate our facility amid the construction. Discussions have begun with officials from the Central Artery Project to ensure that the project mitigates the noise, vibrations, decreased air quality and impeded access to the hospital during the eight or more years of construction. We also are looking at the possibility of temporarily relocating certain services that would be particularly vulnerable to the construction impacts.

Other options

In addition, we continue to be interested in and are pursuing various options that would allow us maximum flexibility to provide high-quality care in appropriate settings. Most notably, there has been some discussion about the Spaulding building being renovated for use as a central lock-up facility for Suffolk County. We are cooperating with Sheriff Rufo and others who are looking into the feasibility of such an idea.

I realize that this is a confusing and uncertain time for all members of the Spaulding family. And unfortunately, there are no clear answers at this point. I can tell you, however, that all our efforts are focused in one direction — preserving our ability to provide the kind of excellent rehabilitation services to the patients who have looked to us for the past 25 years and those who will look to us in the years to come.

A recap of layoffs a

ON DEC. 4, McLean Hospital began contracting with outside firms to provide services for its security, telephone console, medical record transcription and grounds maintenance, resulting in the layoff of 40 employees. An additional 15 employees also were affected by an ongoing planned restructuring of several departments.

In a memo distributed to the McLean community Dec. 5, Steven Mirin, MD, McLean chief executive officer/psychiatrist-in-chief, wrote, "The decision to outsource these services was difficult since over the years these activities have been provided to the hospital community by many loyal a dedicated employees and we regret having to take these actions."

Like many other hospitals, McLean is looking at ways to responsibly reduce costs while maintaining the high-quality care for which it is known, Mirin said. Efforts to reorganize and downsize the hospital have been part of an ongoing plan since 1993. This latest layoff is expected to save more than $800,000 annually.

According to Mirin, because of the sensitive nature of the work performed by security and telephone console personnel at McLean, there were many discussions concerning how best to maintain the safety of patients during the transition. "We believed it was unreasonable to expect these employees to continue handling difficult and intense situations while knowing all the while that a new firm would be responsi

t McLean

two weeks. The decision to provide employees with two weeks' pay in lieu of notice and replace these positions immediately was made in the best interest of patient care.

"Compounding the pain of the actual events of last week is the fact that media reports painted a picture that did not reflect the procedures that were followed to both protect the safety of our patients and provide options and alternatives to those who were laid off," he said.

The policies and procedures McLean followed included:

- Senior management met separately with all affected employee groups to announce and discuss the layoff and to apprise them of alternative opportunities with the firms that assumed responsibility for the contracted-out services.
- All laid-off employees were encouraged to interview with these firms, and all who expressed interest were interviewed. Several former McLean employees have accepted positions with these companies.
- In accordance with recently issued Partners' policies, all laid-off employees received payment in lieu of notice (two weeks), as well as continuance pay (one week's pay and benefits for every year of service up to 24 years of service).

In the memo, Mirin acknowledged the difficult times that hospitals, including McLean, face today. He noted that McLean had made progress in reducing costs and generating new revenues and that the challenge "is to persevere through a profound transformation of the nation's health care system." ●

— Partners briefing

(Continued from Page 1)

Finance and Human Resources consolidations. Robbins outlined strategic objectives for Finance, its vision and new organizational structure, highlighting the goals of supporting strategic decision making and reducing the cost of financial transactions.

While Human Resources has a different vision — to make Partners *the* place to work — its goals are similar: to serve local needs with front-line generalists and provide access to specialists across Partners.

To illustrate the impressive growth of Partners Community HealthCare, Inc. (PCHI), Ellen M. Zane, network president, highlighted areas of PCHI market coverage on a map of eastern Massachusetts. While more than 500 primary care physicians are now affiliated with PCHI — about halfway to the goal of 850 to 900 by the end of 1998 — Zane cautioned that there is much hard work to be done. PCHI is providing managed care infrastructure services for PCHI providers, including, most important, medical management. "Anything we can do to increase the efficiency of PCHI providers," she said, "will enable us to devote more of shrinking premium dollars to patient care."

Lamenting that in some arenas cost, rather than quality, is driving market changes, Partners chief executive officer H. Richard Nesson, MD, concluded, "Partners must take a leadership role in designing the way health care is delivered into the future. Not only is it important that we take part, both locally and nationally, we have no choice but to do so. Furthermore, I trust that we will undertake this challenge in a way that will make us especially proud of our accomplishments."

The briefing session was moderated by Richard R. Crater, executive vice president of The Massachusetts General Hospital.

— Service MGH trains 4,600 in first year

(Continued from Page 1)

effort and really exceeded our expectations," says Dee Dee Magers, manager of Service MGH. "Although many employees came to their training sessions with mixed feelings, I think we have been able to turn those feelings around and help them understand what customer service is about and how it can be integrated into their work."

A result of the program's success has been the increasing interest in the Service MGH Grant Program, which allocates funds for initiatives to improve the quality of services provided. Eleven grants, ranging from $500 to $2,500, have been distributed in support of such projects as patient and family education brochures and videos, equipment to document patient needs for services after discharge, and a memorial program to help the Hematology/Oncology Unit staff better cope with the grieving process.

By next month, an eight-hour Service MGH component will be integrated into the orientation for all new employees. Service MGH training of all current employees should be completed by October 1996. ●

Service MGH program manager Dee Dee Magers (right) expresses appreciation to the customer service team. Members pictured are, from left, Kelly Monaco, Kristine Allard and Lisa Taub.

December 15, 1995

MGH HOTLINE

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WHAT'S HAPPENING

Blood donations a constant need

Earlier this week hundreds of community members came to blood donor centers at the MGH, BWH and other locations to give blood in response to the Methuen mill fire. The turnout was outstanding, and MGH and BWH are continuing to coordinate donation activities both at the hospitals and in the Methuen area. However, the need for blood donations for all MGH patients is constant and is particularly acute during the holiday season, when rough weather and busy schedules keep many donors away. The MGH Blood Donor Center on Gray 1 is open from 8:30 am to 7:30 pm, Monday through Thursday, and from 8:30 am to 4:30 pm on Friday. No appointment is necessary, but calling to find the best time to come is recommended. For more information, call 6-3620.

Keep the auditorium looking like new

The new auditorium on Blake 1 is open and can be reserved for meetings by calling Monica Middleton at 6-2445. To protect the furnishings and facilities, food and drink — including coffee — may not be brought into the auditorium at any time.

MGH Hotline
is published weekly by the
MGH Development and
Public Affairs Office.

Submit news tips and story
ideas to *Hotline* co-editors
Wendy Matarazzo at 4-2753
or Jeff Wdow at 4-6425;
by fax to 6-7475;
via e-mail to HOTLINE; or
by mail to the Development
and Public Affairs Office,
101 Merrimac St., fourth floor.

David Daley dies

David Daley, 55, an MGH employee since July 1965, died unexpectedly Dec. 10. He worked in the Emergency Department for more than 30 years as an administrative supervisor on the night shift. A memorial service will be held at the MGH in January.

Real Time Census

The Real Time Census project allows those with access to pin-point patients' locations with just a few quick keyboard commands. By next week almost 30 patient care units and other areas will be up and running on the new system, which grants on-line access to information from PATCOM, the MGH's computerized admitting system. By the end of January all other caregivers and support staff who will require access to real time census information will be able to do so via the results inquiry function in the Patient Care Information System. For information about the Real Time Census project, call Jerry Van Nostrand at 6-1628 or Peggy Shaw at 6-9285.

Holiday services and songs

The MGH Chaplaincy will hold an ecumenical Christmas service Dec. 19 at 12:15 pm in the Chapel. Catholic Mass will be celebrated Christmas Eve at 4 and 7:30 pm and Christmas Day at 4 pm. Protestant services will be held Christmas Day at 11:30 am. The Chaplaincy also invites all MGHers to a holiday song-fest Dec. 21 from noon to 1 pm in the White Lobby.

Holiday safety tips

The holiday season is a busy one for everyone, including thieves and pickpockets. To help MGHers avoid any unpleasant holiday surprises, the Police and Security Department offers these tips for safety while shopping, traveling or on the job.

- Stay alert to your surroundings and the people around you.
- Park in a well-lighted area.
- Do not walk to your car alone.
- Lock your car and close windows.
- Place packages and valuables in the trunk of your car.
- Be extra careful with purses and wallets.
- At all MGH facilities, report all suspiciously acting people to Police and Security at 6-2121.

February vacation camp

The MGH Children's Center will again be offering a vacation camp for 6- to 12-year-olds during the February school vacation week. The camp, which will be based at CNY, will feature daily activities that may include movies, bowling and a performance of Disney on Ice. Tuition is $150, and space is limited. Applications are available in the Employee Assistance Office, Vincent-Burnham Room 427, and at the Building 149 Security Desk. For more information, call the Children's Center at 6-KIDS.

Negotiation and conflict resolution

The Continuing Education Office of Harvard School of Public Health (HSPH) is offering two courses in health care negotiation and conflict resolution. "Negotiation and Conflict Resolution in Health Care: New Skills and Changing Models," a one-day program, will be held Jan. 31. The five-day course "Advanced Program in Health Care Negotiation and Conflict Resolution" will be offered March 10 to 15. CME credits are available for both courses. For information, contact the HSPH Continuing Education Office by calling 432-1171 or by e-mail at contedu@sph.harvard.edu.

United Way drawing slated for next week

Employees and staff who contribute to the 1995 United Way campaign by the end of the day today (Dec. 15) will be eligible to participate in a drawing for a wide range of prizes contributed by local stores, restaurants, businesses and services. The drawing will be held Dec. 18.

Pledges continue to be welcome after Dec. 15, and all gifts contributed by the end of the year will count toward the 1995 MGH total. Contributions can be placed in United Way boxes at the White, WACC and CNY information desks, or at Payroll. They also can be mailed to Mary Lahey, United Way chair, Health Information Management, CLN 014. Anyone who needs a pledge form can contact Lahey at 6-2465 or stop by Clinics 014 to get one.

December 22, 1995

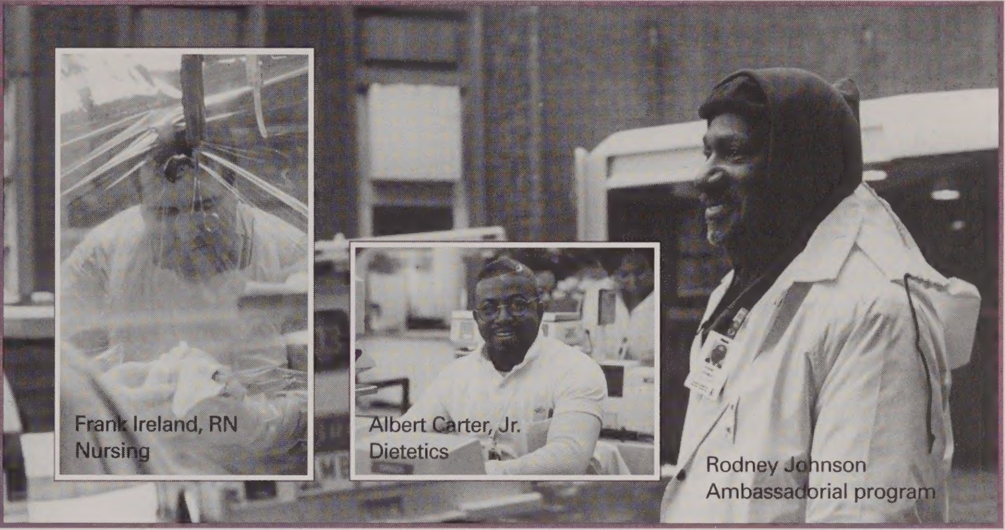
MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Snow biz

"The incredible spirit and collective efforts of employees and staff was evident all around the institution last night and today. I salute all of you for a job well done, and wish you all the best in this busy holiday season."

— Richard R. Crater
Dec. 20, 1995


Frank Ireland, RN
Nursing

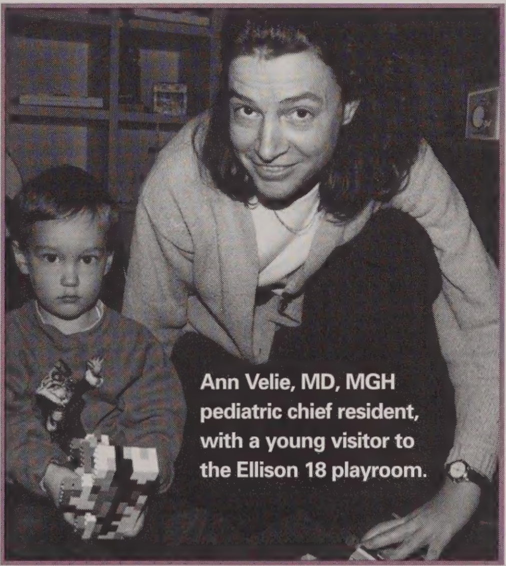
Albert Carter, Jr.
Dietetics

Rodney Johnson
Ambassadorial program

Pediatric chief resident visits hospital, refugee camps in Bosnia

THE DAY AFTER THANKSGIVING, when many Americans were hitting the stores or building one more turkey sandwich, two New England physicians were far removed from usual holiday concerns in the war-ravaged city of Mostar in Bosnia-Herzegovina. Ann Velie, MD, MGH pediatric chief resident, accompanied Edward Yourtee, MD, president of the New Hampshire-based relief organization Nobody's Children, on a tour of hospitals and refugee camps in several areas of Bosnia.

Last summer, Nobody's Children brought 11-year-old Aldin Toporan from Mostar to the MGH for treatment of a rare syndrome affecting the growth of one of his legs. Subsequently, Yourtee asked whether Donald Medearis, MD, former chief of the Children's Service, or another pediatrician could join him on a visit to Mostar. Medearis suggested that Velie go.


Ann Velie, MD, MGH pediatric chief resident, with a young visitor to the Ellison 18 playroom.

"We were going primarily to investigate the possibility of sending additional pediatric residents over to assist the local physicians and to evaluate children who might need medical care in the United States," Velie says. "Some of the children had been injured by grenades or shrapnel, and others had medical problems that had not been treated because of the war."

Velie and Yourtee visited the East Mostar Hospital, a former vegetable warehouse now filled with metal shipping containers partially buried for protection from shelling. The containers serve as wards, operating rooms and examination rooms. The hospital, was dark and facilities were limited. But the staff, while weary from the long war, were looking to the future rather than the past, Velie says. "The doctors were encouraged about plans to renovate an old building into a hospital."

The physicians examined 10 children who may travel to the United States or other areas for treatment. They also visited Aldin Toporan and his family, and traveled to several refugee camps. Among the ruined buildings and bombed-out roads, they encountered people exhibiting emotions of every kind — exhaustion, resignation, appreciation, determination and hope.

"The Muslim area of East Mostar was a mess," Velie says. "It was sad to see what was once a beautiful place destroyed, but the people are very resilient, and reconstruction is under way."

She adds: "The volunteers working there were great, truly humble people working for nothing in less-than-ideal conditions. In addition to the workers from Nobody's Children, we met groups from Denmark and Ireland who brought truckloads of supplies."

(Continued on Page 4)

MGH, IHP to help create geriatric care curriculum

THE HARVARD Medical School has selected MGH staff and Institute of Health Professions (IHP) faculty to develop a curriculum and program for teaching health professionals interdisciplinary geriatric primary care.

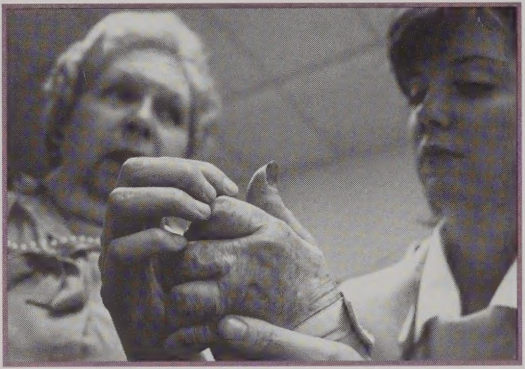
Funds for the project were obtained through a $100,000 grant awarded to the Geriatric Education Center of the Harvard Medical School Division on Aging from the John A. Hartford Foundation of New York. One of 13 grants given nationwide, Harvard's was the only grant awarded in New England. After the curriculum is completed, five centers in the country will be selected to implement the interdisciplinary training program.

According to Barbara Berkman, DSW, director of social work research at the MGH and associate director of the Geriatric Education Center at Harvard, this project represents the first time an interdisciplinary approach to teaching the issues related to geriatric care will be developed, involving physicians, nurses, social workers and professionals in dentistry and occupational and physical therapy. "The interdisciplinary perspective is absolutely essential because of the complex social, environmental and health care needs of the elderly," Berkman notes.

Berkman

Sue Levkoff, ScD, director of the Harvard Upper New England Geriatric Education Center, directs the project with Berkman. Mary Carey, PhD, of the IHP, is project manager and Kenneth Minaker, MD, chief of the MGH Geriatric Medicine Unit, is the clinical coordinator for medicine. Other IHP faculty, including Julie Atwood, MEd, SLP, Joan Fitzmaurice, RN, PhD, Andrew Guccione, MSPT, PhD, Bette Ann Harris, MS, PT, and Barbara Willson RN, PhD, are assisting in the project.

"This curriculum should serve as a national role model for geriatric health care training, and I am proud that so many IHP faculty are involved," says Maureen Groër, RN, PhD, president of the IHP. "Patient care can only be improved by interdisciplinary training and service delivery."



This project represents the first time an interdisciplinary approach to teaching the issues related to geriatric care will be developed.

Partners begins consolidating information systems

PARTNERS IS UNDERTAKING a vigorous effort to consolidate its information systems and telecommunications functions systemwide.

"Information systems will be a significant factor in our efforts to deliver highly effective patient care," says John Glaser, Partners vice president and chief information officer. Glaser outlines four major objectives for Partners Information System:

- developing Partnerswide information technology strategies, plans and standards to help ensure coordinated development and implementation of information systems;
- consolidating information system activities where such consolidation would lead to efficiencies and improved service;
- ensuring sufficient organizational control for individual Partners entities over their own information systems activities;
- and responding to Partnerswide consolidation efforts and initiatives.

Recently, corporate directors with responsibilities for information systems activities across Partners have been appointed. These directors and their responsibilities are:

Financial and Administrative Systems
Nelson Gagnon
Clinical Information Systems Management
Meg Aranow
Telecommunications and Computer Operations
Kathleen Monbouquette
Applications Development
Steve Flammini
Clinical Information Systems Research and Development
Jonathan Teich
Technology Planning
James Marra
Administration
John Marshall

In addition, corporate directors responsible for ensuring that information systems plans for each Partners organization are developed and monitored have been appointed. Jim Noga will be the organizational director for the MGH and Paul Peck for the MGPO. They will provide day-to-day management for information systems functions. BWH leadership will be announced within the next two months.

"We're getting to work immediately," says Glaser, "because we recognize that the task ahead is a big one. Further, more than almost any other departme[illegible]onsolidation, we recognize that what we do will touch nearly everyone at Partners nearly every day."

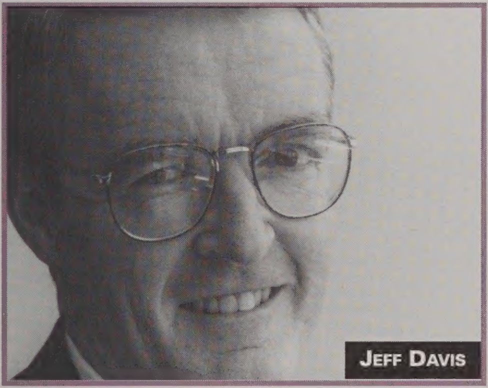
Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Jeff Davis, senior vice president for Human Resources and Operations Improvement, answers MGHers' questions about Operations Improvement.

Q: What is the reason for OI? Why does the hospital need to change the way it does business?

A: A significant increase in managed care is causing changes in the health care market that, in turn, are reducing the revenue the MGH receives for providing care. Managed care companies are moving patients to points in the system where care is least expensive. The MGH has determined that about 85 percent of the care it provides could be delivered in a community hospital. And care provided by this region's community hospitals costs 25 to 40 percent less than similar care provided at the MGH. It is expensive for academic medical centers like the MGH to support teaching and research, to provide care to the community, and to offer sophisticated, high-technological services.



JEFF DAVIS

In areas like California and Minnesota, where the managed care revolution is more advanced, academic medical centers have been particularly vulnerable. As patient care has moved to the most cost-effective sites, some teaching hospitals have seen more than half of their inpatient days disappear. The MGH has learned from these experiences that it must redesign itself into a more cost-effective health care provider or risk going out of business.

Q: Are improvements that cost the MGH money, such as the renovations planned for the first floor, really necessary? Isn't it more important to keep people from being laid off?

A: None of us will keep our jobs if we cannot continue to attract patients to the MGH. While payors are looking to the hospital to reduce its prices, patients are asking for better service and amenities. Despite the excellent care delivered at the MGH, patients and insurers have criticized the hospital for failing to provide a welcoming atmosphere. Only by meeting patient and payor expectations (including those for modern, easy-to-navigate facilities) can the hospital prosper.

Q: What areas are being examined as part of OI?

A: Right now design teams are focusing on all operational areas. These are administrative and corporate, clinical support, emergency, general support, operating room-related and patient care services. The initiative also involves nine clinical areas: cancer, cardiac, pediatric, gastrointestinal, musculoskeletal, neurological, thoracic, urological and vascular care. Over time, OI will look at every clinical area of the hospital.

Q: Patient-focused care has been identified as the MGH's most important guiding principle. How can OI reduce costs and simultaneously put the patient first?

A: While the OI Steering Committee has asked design teams to reduce expenses, it has also given them specific goals for maintaining or improving clinical quality and service. As clinical design teams formulate cost-reduction plans, their highest priority is to maintain quality of patient care. Patient needs are also central to the work of the Patient Care Services Design Team, responsible for redesigning processes and systems around the patient.

Q: When will OI be complete? What will the MGH be like when OI has accomplished its goals?

A: The current OI program has cost-reduction, quality and service goals that need to be met by September 1998. But the overall OI approach will become part of the way the MGH operates. The hospital will continue to examine data on performance at the MGH and at other hospitals; work toward service, cost-reduction and clinical quality targets; and empower those who deliver care and services at the MGH to decide on the best way to do so.

We are not yet sure exactly what the MGH will look like in 1998, when the current OI effort is complete. We expect it will be smaller; the quality of care will be excellent; patients will move smoothly through the care process; and the MGH will be a place where people still want to work and practice medicine.

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WHAT'S HAPPENING

AMMP + You = Success II

In November the Alliance of MGH Minority Professionals (AMMP) sponsored the first in a series of professional and personal development seminars. Dennis Colling, Partners vice president, spoke about corporate reality, and Barbara Holland, MGH director of Diversity, discussed managing diversity.

A second seminar will be held Jan. 11, 3 to 6 pm in the Wellman Conference Room. Winfred Williams, MD, director of the MGH Minority Health Professions Office, will discuss stress and health management; DeeDee Magers, manager of the Service MGH program, will speak on assertiveness training; and a representative from the New England Financial Group will address personal finances. Those interested in attending should call 6-7672 by Jan. 9.

Procurement Customer Service Center

To ensure employees receive information quickly, the MGH Procurement and Accounts Payable Re-engineering Team has created the Procurement Customer Service Center. Employees may now call 4-1900 for answers to questions about purchasing, accounts payable, receiving and distribution. The center's goal is to resolve any procurement-related inquiries on the phone. If inquiries require further research, employees will be called back with information. Direct questions about the program to John Couris at 6-5391.

Pediatric Urgent Care unit

The MGH Pediatric Urgent Care unit will open Jan. 2 to relieve the Emergency Department (ED) of the need to provide much pediatric urgent care — treatment of such problems as earaches, stomachaches and fevers — so ED clinicians can more effectively handle true emergencies. Because patients will be seen by appointment in an outpatient clinic, Brenda Ferdinand, practice manager in MGH Pediatrics, says, "Waiting times will be shorter and children won't be exposed to the sometimes frightening environment of the Emergency Department."

Located in WACC 715, the new unit will be open Monday to Friday 6 to 10 pm, Saturday 4 to 8 pm, and Sunday 11 am to 3 pm. Patients may be referred by calling 4-2174.

Nursing scholarship available

The Minority Nurse Retention and Recruitment Committee is accepting applications for its $1,000 spring 1996 nursing scholarship. The application deadline is Jan. 8. For information, call Pamela Thompson at 4-9021.

LETTERS

The following is the text of a letter sent Dec. 13 by a grateful patient to Peggy Slasman, MGH director of Public Affairs.

This past Sunday evening I was admitted via your Emergency Room due to what I thought might be angina. I was visting Boston to see my latest grandson from Hartford, Conn., and began feeling unwell. I had had a quintuple bypass in February 1994 in Hartford and was experiencing discomfort in both arms similar to what I had prior to my discovery that I needed open heart surgery.

From the moment I entered your building to the moment I was discharged, I experienced nothing but the best possible service, the friendliest and most competent of nursing staff, technicians and help in general. The food was excellent (even the decaf coffee). The medical staff was superb, and I left feeling I had been in the best of hands. Dr. Pedro Huertas assured me my discomfort was not caused by my heart and arranged for follow up with my cardiologist from home.

I don't have the names of all the people that I want to commend, but I was on White 10, and Christine Murray was the great gal who gave me my instructions for post-hospital care.

I congratulate Mass. General for running a truly outstanding hospital. In this world of nonservice and rudeness, your people were awesome. Please thank them all for me.

Thank you,
Gail Morris
West Hartford, Conn.

— Pediatric chief resident visits Bosnia

(Continued from Page 1)

Even if the current peace is sustained, Velie says the region's children will be dealing with the war's aftermath for years to come. "A bombed-out bridge that used to connect the east and west sides of Capljina, where Nobody's Children runs a refugee camp, is now a favorite place for children to play. Unfortunately, many of them are being injured when they step on shells or other explosive materials scattered about the area."

The information that Velie and Yourtee gathered on their trip is being reviewed at the MGH, and staff members are determining how best to proceed with sending additional assistance or bringing children to the United States for treatment. For more information about Nobody's Children, contact Velie at 4-5991 or call the organization at (603) 893-7634. ●

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